

TABLE OF CONTENTS

Change #1-2004

July 1, 2004

EPICS USER'S MANUAL

	Pages
EPICS 100: ADMINISTRATION COUNTY DETAIL	1-5
EPICS 101: GETTING STARTED (EPICS LOGON AND LOGOFF PROCEDURES)	1-5
EPICS 102: REFERRALS	1-36
EPICS 103: CLAIMS	1-54
EPICS 104: COLLECTIONS	1-42
EPICS 105: DISQUALIFICATIONS	1-15
EPICS 106: CASE MAINTENANCE	1-14
EPICS 1900: GLOSSARY	1-6
EPICS 2000: APPENDIX A: REFERRAL CODES	1-5
EPICS 2100: APPENDIX B: CLAIM CODES	1-3
EPICS 2200: APPENDIX C: PAYMENT CODES	1
EPICS 2300: APPENDIX D: DISQUALIFICATION CODES	1
EPICS 2400: APPENDIX E: CASE MAINTENANCE CODES	1-3
EPICS 2500: APPENDIX F: REPORTS	1-61

100 – ADMINISTRATION – COUNTY DETAIL

Change #1-2004

July 1, 2004

I. THIS CHAPTER:

- Describes the Administration Menu options;
- Describes the Administration Menu function keys;
- Describes the County Detail Field Descriptions;
- Describes the County Detail Function Keys;
- Describes how to display County Detail Information;
- Describes how to update County Detail Information;
- Describes how to enter field details using F4 key.

II. ADMINISTRATION MENU

All security access for the EPICS system is maintained through the **Administration Menu** screen. The DHHS Customer Support Center maintains this screen.

Each user's security access rights is defined and assigned to one or more authorized user groups. An authorized user group is defined as the type of security currently identified by EPICS. Each authorized group will allow the user to have create, read, update, and/or delete rights. The county security officer (with the assistance of the county supervisor) is responsible for ensuring all users' access rights for their county are up to date with the Customer Support Center. The county security officer has read-only access to option.

County Detail was formerly named "Locality" located under Disqualification and is located under Administration.

Counties **will not** have access to Group Detail, Screen Detail, or Authorized User Detail.

A. Administration Menu Options

Option	Description
1. Group Detail	To create an authorized user group and set security access rights
2. Screen Detail	To define the screens of the system
3. Authorized User Detail	To create a new user profile or update an existing user profile access to authorized user groups
4. County Detail	To view/update the specific contact information for a county

B. Administration Menu Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu

C. County Detail

The County Detail screen is designed to enable the user to display contact information for a county in the state of North Carolina. This information is also used for the Contact Information located on the Disqualification Detail screen.

All users with inquiry access to EPICS may view this screen. However, only Program Integrity Supervisors have update capabilities.

Whenever the county address or telephone number changes, this information must be updated. If these fields are not updated, the screen displays incorrect contact data on the Disqualification Detail screen. This data is accessed by other states.

D. County Detail Field Descriptions

Field	Description
COUNTY	Three-character code used to identify the county.
TEAM NUMBER	Code used to identify the Team Number within the state where the county number resides.
COUNTY NUMBER	The county's name.
COUNTY ADDRESS	The full mailing address for the county including the street address, city, state, and zip code.
COUNTY TELEPHONE	The local area code and phone number used by the county.
COUNTY EXTENSION	The extension of the phone number used by the county.
COUNTY FAX NUMBER	The 10 digit County Fax Number.
COMMENTS	Free form text and allows up to 42 alpha/numeric characters.

E. County Detail Function Keys

Key	Description
F1	To access EPICS on-line help.
F2	To clear the screen
F3	To exist and return to the Main Menu
F4	To display a list
F9	To update the County Detail screen
F12	To cancel or return to the previous screen

F. To display County Detail information:

1. From the **Main Menu**, key the number 1 in the **Enter Option** field and press **Enter**. The ADMINISTRATION MENU displays.
2. From the **ADMINISTRATION MENU**, key the number 4 in the **ENTER OPTION** field and press **Enter**. The COUNTY DETAIL screen displays.

```

FR17      NC DHHS - ENTERPRISE PROGRAM INTERGITY CONTROL SYSTEM      02/23/2004
FRD0170      COUNTY DETAIL                                          15:11:28

COUNTY: ____ + TEAM NUMBER:

COUNTY NAME:

COUNTY ADDRESS:  _____
                  _____
                  _____ NC _____ - _____

COUNTY TELEPHONE: ____ - _____ COUNTY EXT: ____

COUNTY FAX NUMBER: ____ - _____

COMMENTS: _____
          _____

F1=HELP  F2=CLEAR  F3=EXIT  F4=LIST  F9=UPDATE  F12=CANCEL

```

3. In the **COUNTY** field, key the county code of the county you wish to display and press **Enter**. The remaining fields automatically populate.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

- To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

G. To update County Detail Information:

1. From the MAIN MENU, key the number 1 in the ENTER OPTION field and press Enter. The ADMINISTRATION MENU displays.
2. From the ADMINISTRATION MENU, key the number 4 in the ENTER OPTION field and press Enter. The COUNTY DETAIL screen displays.
3. In the COUNTY field, key the county code and press Enter. The remaining fields automatically populate.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

4. In the COUNTY ADDRESS field, key the new address for the county, if applicable.
5. In the COUNTY TELEPHONE field, key the new telephone number for the county, if applicable.
6. In the COUNTY EXT. Field, key the new extension for the county, if applicable.
7. Enter the 10 digit COUNTY FAX NUMBER, if applicable.
8. Enter up to 42 alpha/numeric COMMENTS, if applicable.
9. To complete the update, press the F9 function key.
10. To exit and return to the MAIN MENU, press the F3 function key. The MAIN MENU appears.

H. UTILIZING F4

If you do not know the code or value for a field, you can use the F4 key, which displays a list of codes or values for selection. This field attribute is not available for all fields, but only those fields that contain a + (plus sign) to the right of the field.

To enter field details using F4:

1. In the field that contains a + (plus sign) to the right of the field, type = (equal sign) and press **F4**. The specific code list screen displays.
2. To select a code or value, navigate to the appropriate code/value in the **S** column and type s.
3. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
4. Continue entering or updating the screen details.

101 – GETTING STARTED

Change #1-2004

July 1, 2004

I. THIS CHAPTER:

- Describes how to access EPICS;
- Describes Main Menu options;
- Describes Main Menu function keys;
- Describes how to access a Main Menu option; **and**
- Describes how to exit EPICS.

II. ACCESSING EPICS

You can access EPICS via a terminal or personal computer.

A. To Access EPICS Via a Terminal

1. Open the **Mainframe State Banner** screen.
2. From the **State Banner** screen, key CICSSCC4 and press **Enter**.
3. In the **Userid** field, key your RACF ID.
4. Press **Tab**.
5. In the **bill-cde** field, key FRP-DHR.
6. Press **Tab**.
7. In the **Password** field, key your password.
8. Press **Enter**. A blank CICS screen displays.
9. Key FRO1 and press **Enter**. The EPICS MAIN MENU displays.

NOTE: The O in FRO1 is a number value.

B. To Access Via a PC (Personal Computer)

1. From your **Windows Desktop**, double-click the **Mainframe** icon.
2. From the **State Banner** screen, key CICSSCC4 and press **Enter**. The CICS screen displays.
3. In the **Userid** field, key your RACF ID.
4. Press **Tab**.
5. In the **bill-cde** field, key FRP-DHR.
6. Press **Tab**.
7. In the **Password** field, key your password.
8. Press **Enter**. A blank CICS screen displays.
9. Key FR01 and press **Enter**. The EPICS MAIN MENU displays.

NOTE: The 0 in FR01 is a number value.

III. MAIN MENU

The EPICS **MAIN MENU** provides you with a list of six options from which to choose. These options define the six major functionalities within EPICS. Depending on your security authorization, you can select an option from the list and view, create, or update data.

A. Main Menu Options

Option	Description
1. Administration Menu	To enter security updated (DHHS Customer Support Only)
2. Referral Menu	To process referrals
3. Claims Menu	To process claims
4. Collections	To process payments
5. Disqualifications	To process disqualifications
6. Maintenance Menu	To transfer and reassign cases

B. Main Menu Function Keys

Option	Description
F1	To access EPICS on-line help
F2	To exit EPICS

C. To Access a Main Menu Option

After you complete the EPICS logon procedures, select a MAIN MENU option to add, update, or view data in EPICS.

1. Logon to EPICS. The MAIN MENU displays.

FR01 Frd0010	NCDHHS – ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM MAIN MENU	02/02/2000 10:58:18
1. Administration Menu	4. Collections Menu	
2. Referral Menu	5. Disqualifications	
3/ Claims Menu	6. Maintenance Menu	
--		
Enter Option: --		
F1=HELP	F12=CICS CLEAR SCREEN	

2. In the **Enter Option** field, key the number of the **MAIN MENU** option and press **Enter**. A menu displays with a list of options from which to choose.
3. Proceed with adding, updating, or viewing data.

IV. EXITING EPICS

When exiting EPICS, you must logoff properly from the session. If you neglect to do so, you may have difficulty logging back into EPICS or the system may “lock.” Ensure all work has been added and updated successfully before you logoff.

A. To Exit EPICS Via a Terminal

1. To return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

NOTE: From any screen in EPICS, you can press the **F3** function key to return to the **MAIN MENU**.

2. To exit EPICS, press the **F12** function key. A PIE menu displays.
3. Press the **F3** function key. A blank CICS screen displays.
4. Key logoff and press **Enter**. The STATE BANNER screen displays.

or

Enter another transaction.

B. To Exit EPICS Via a Personal Computer (PC)

1. To return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

NOTE: From any screen in EPICS, you can press the **F3** function key to return to the **MAIN MENU**.

2. To exit EPICS, press the **F12** function key. A PIE menu displays.
3. Press the **F3** function key. A blank CICS screen displays.
4. Key logoff and press **Enter**. The STATE BANNER screen displays.

or

Enter another transaction.

101 – GETTING STARTED
Change #1-2003
May 1, 2004

I. THIS CHAPTER:

- Describes how to access EPICS;
- Describes Main Menu options;
- Describes Main Menu function keys;
- Describes how to access a Main Menu option; **and**
- Describes how to exit EPICS.

II. ACCESSING EPICS

You can access EPICS via a terminal or personal computer.

A. To Access EPICS Via a Terminal

1. Open the **Mainframe State Banner** screen.
2. From the **State Banner** screen, key CICSSCC4 and press **Enter**.
3. In the **Userid** field, key your RACF ID.
4. Press **Tab**.
5. In the **bill-cde** field, key FRP-DHR.
6. Press **Tab**.
7. In the **Password** field, key your password.
8. Press **Enter**. A blank CICS screen displays.
9. Key FRO1 and press **Enter**. The EPICS MAIN MENU displays.

NOTE: The O in FRO1 is a number value.

B. To Access Via a PC (Personal Computer)

1. From your **Windows Desktop**, double-click the **Mainframe** icon.
2. From the **State Banner** screen, key CICSSCC4 and press **Enter**. The CICS screen displays.
3. In the **Userid** field, key your RACF ID.
4. Press **Tab**.
5. In the **bill-cde** field, key FRP-DHR.
6. Press **Tab**.
7. In the **Password** field, key your password.
8. Press **Enter**. A blank CICS screen displays.
9. Key FR01 and press **Enter**. The EPICS MAIN MENU displays.

NOTE: The 0 in FR01 is a number value.

III. MAIN MENU

The EPICS **MAIN MENU** provides you with a list of six options from which to choose. These options define the six major functionalities within EPICS. Depending on your security authorization, you can select an option from the list and view, create, or update data.

A. Main Menu Options

Option	Description
1. Administration Menu	To enter security updated (DHHS Customer Support Only)
2. Referral Menu	To process referrals
3. Claims Menu	To process claims
4. Collections	To process payments
5. Disqualifications	To process disqualifications
6. Maintenance Menu	To transfer and reassign cases

B. Main Menu Function Keys

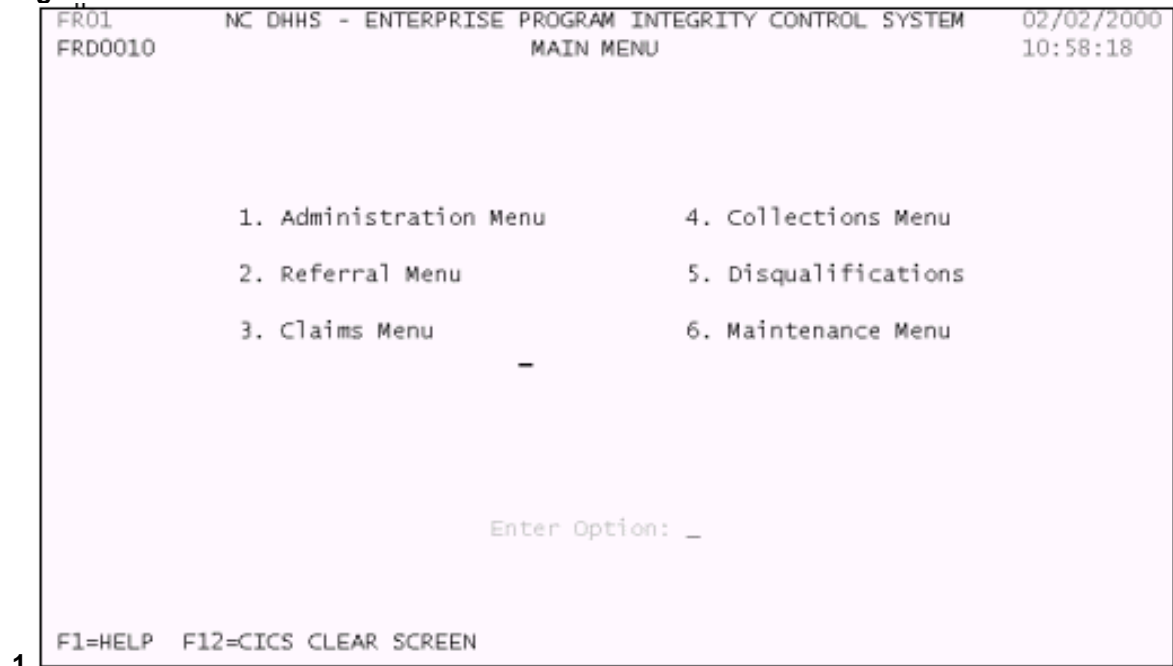
Option	Description
F1	To access EPICS on-line help
F2	To exit EPICS

C. To Access a Main Menu Option

After you complete the EPICS logon procedures, select a MAIN MENU option to add, update, or view data in EPICS.

1. Logon to EPICS. The MAIN MENU displays.

Figure



NOTE: For procedures on how to logon to EPICS, see II.

2. In the **Enter Option** field, key the number of the **MAIN MENU** option and press **Enter**. A menu displays with a list of options from which to choose.
3. Proceed with adding, updating, or viewing data.

IV. EXITING EPICS

When exiting EPICS, you must logoff properly from the session. If you neglect to do so, you may have difficulty logging back into EPICS or the system may “lock.” Ensure all work has been added and updated successfully before you logoff.

A. To Exit EPICS Via a Terminal

1. To return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

NOTE: From any screen in EPICS, you can press the **F3** function key to return to the **MAIN MENU**.

2. To exit EPICS, press the **F12** function key. A PIE menu displays.
3. Press the **F3** function key. A blank CICS screen displays.
4. Key logoff and press **Enter**. The STATE BANNER screen displays.

or

Enter another transaction.

B. To Exit EPICS Via a Personal Computer (PC)

1. To return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

NOTE: From any screen in EPICS, you can press the **F3** function key to return to the **MAIN MENU**.

2. To exit EPICS, press the **F12** function key. A PIE menu displays.
3. Press the **F3** function key. A blank CICS screen displays.
4. Key logoff and press **Enter**. The STATE BANNER screen displays.

or

Enter another transaction.

102 – REFERRALS

Change #2-2004
September 13, 2004

I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:

- The Referral Menu function keys;
- The Referral Detail 1 fields;
- The Referral Detail 1 functions keys;
- The Referral Detail 2 fields;
- The Referral Detail 2 function keys;
- Creating a referral;
- Creating a referral using Spin-off;
- The Referral List fields;
- The Referral List function keys;
- Displaying a list of unassigned referrals and view referral details;
- Assigning a referral;
- Displaying a referral list and view referral details by county;
- Displaying a referral list and view referral details by Investigator ID;
- Accepting a referral;
- Opening a referral;
- Displaying a referral using the Referral Detail option;
- Updating a referral;
- Closing a referral;
- Transferring a Referral Out of State;
- Reopening a Referral From Out of State Status;
- Creating a Referral from an Out of State source;
- The Notepad Summary function keys;

- The Notepad Detail function keys;
- Adding a note in Notepad;
- Displaying and updating a note in Notepad;
- Deleting a note in Notepad;
- Entering field details using F4 key;
- Searching for an individual ID (Name Search feature).

II. REFERRAL MENU

A referral is the origination point for a claim in EPICS. Referral information (e.g., an individual who may or may not be committing a fraudulent act) is obtained in Program Integrity from several sources such as phone calls or letters. The Referral function provides the Program Integrity Staff with a method of recording, viewing, and updating referral information. The **Referral** menu contains three options from which to choose:

Option	Description
1. Referral List	To display a list of existing referrals
2. Referral Detail	To display and update a known/specific referral
3. Create New Referral	To add a new referral

Referral Menu Function Keys

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to Main Menu

III. ADD A NEW REFERRAL

Upon a receipt of a new referral, it is required that the Program Integrity Staff add the referral in EPICS with the appropriate information (e.g., Case ID, Referral Type, and Allegations). There are two screens that require data entry. *REFERRAL DETAIL 1* and *REFERRAL DETAIL 2*. Each screen contains mandatory and optional fields, as well as specific function keys that execute tasks.

A separate referral must be entered for each claim. Also, if a claim has any crossover date periods (i.e., TANF) a separate referral must be entered for each one.

A. Referral Detail 1 Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit ID generated by the system upon creation of a referral		X	
Referral Type	1 character code identifying the type of referral	X		
Referral Status	2 character code identifying the status of the referral		X	
Name	Last name (up to 20 characters), First Name (up to 12 characters), and Middle Initial (1 character) of the case head payee		X	
Individual ID	10 character number of the case head payee provided by CNDS	X		

Field	Description	Required	System Generated	Optional
SSN	9 digit number for the case head payee's social security number		X	
DOB	10 character date of the case head payee's date of birth		X	
SEX	1 character code for the individual case head payee's sex		X	
ORIGINATING COUNTY	3 digit code between the values of 000 and 100; Represents the issuing county in which the suspected overpayment took place		X	
OWNER	Used to show which county currently owns the referral; Defaults to originating county number unless the referral has been transferred		X	
PROGRAM	Up to 4 characters; Code that identifies the benefits program to which the suspected overpayment applies	X		

Field	Description	Required	System Generated	Optional
CASE ID	Up to 9 characters; Identifies the Program Case ID associated with the suspected overpayment	X		
COUNTY CASE #	7 character county case number (Note: You must key slashes.)			X
REFERRAL DATE	10 character date (MM/DD/YYYY) the referral is received	X		
REFERRING PERSON	Up to 45 characters; Name of the person reporting the referral (Note: anonymous and unknown are accepted.)	X		
REFERRING PERSON PHONE	10 character (including area code) phone number of the Referring Person (Note: Hyphens not accepted.)			X
REFERRAL SOURCE	2 character code representing the source of the violation	X		
NATURE OF REFERRAL	1 character code representing the nature of the violation	X		

Field	Description	Required	System Generated	Optional
SUSPECTED AMOUNT	Up to 10 characters; dollar amount of the suspected overpayment			X
SUSPECTED OP/OI PERIOD (BEGINNING DATE)	10 character date, (MM/DD/YYYY); Suspected start date of the suspected overpayment			X
SUSPECTED OP/OI PERIOD (ENDING DATE)	10 character date, (MM/DD/YYYY); suspected end date of the suspected overpayment			X
CASE WORKER ID	5 character number of the caseworker currently assigned to the case. Also known as the IM Worker / District #.			X
ASSIGN REFERRAL	1 character Indicator set to Y when the supervisor assigns the referral to an investigator	X		
ASSIGNMENT DATE	10 character date (MM/DD/YYYY) the referral was assigned to an investigator		X	

Field	Description	Required	System Generated	Optional
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to this referral by the supervisor	X		
ACCEPT REFERRAL	1 character indicator set to Y when the investigator accepts their referral	X		
ACCEPTANCE DATE	10 character date (MM/DD/YYYY) the referral was accepted by the investigator		X	
COLLECTOR	Up to 5 character ID for the county worker currently responsible for collecting funds (Note: Defaults to the investigator's number unless changed.)	X		
OPEN INVESTIGATION	1 character indicator set to Y when the investigator opens the referral	X		
OPEN DATE	10 character date (MM/DD/YYYY) the referral was opened by the investigator		X	

Field	Description	Required	System Generated	Optional
CLOSE REFERRAL	1 character indicator set to Y when the investigator closes the investigation	X		
DATE CLOSED	10 character date (MM/DD/YYYY) the referral was closed by the investigator		X	
REASON CLOSED	Up to 8 characters; Description for the reason for referral was closed (i.e., paid off)	X		
OVERRIDE USER ID STATE OFFICE PERSONNEL	RACF ID of the person implementing the override		X	
OVERRIDE COUNTY	The county for which the override took place		X	
OVERRIDE DATE	10 character (MM/DD/YYYY) date the override took place		X	

B. Referral Detail 1 Function Keys

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display the Notepad
F6	To add a referral (save)
F9	To update referral information
F10	To display the Referral Detail 2 screen
F11	To create a new referral with default data from the currently displayed referral
F12	To cancel and return to previous screen

C. Referral Detail 2 Field Descriptions

Field	Description	Required	System Generated	Optional
REFERRAL ID	10 digit number generated by the system upon creation of a referral		X	
EIS/FSIS ADDRESS	Case head payee's address currently residing in EIS / FSIS		X	
ALIAS NAMES	One or more alternate names for the case head payee			X
EPICS ADDRESS TYPE	Case head payee's address; Used when the EIS / FSIS address is incorrect. (Note: For EPICS, this address is stored in CNDS.)			X
ALIAS SOCIAL SECURITY NUMBERS	One or more alternative social security numbers for the case head payee			X
PHONE NUMBERS TYPE	Case head payee's phone number(s) including area code			X
PHONE NUMBERS EXT	Case head payee's phone extension			X
ALLEGATIONS	Up to 79 characters; Description of the alleged fraud	X		

D. Referral Detail 2 Function Keys

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to Main Menu
F4	To display a list
F6	To add a referral (save
F9	To update referral information
F12	To cancel and return to the previous screen

E. To Create a New Referral

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.

FR03 FRD0030	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL MENU	06/18/2004 15:18:47
-----------------	--	------------------------

1. Referral List

2. Referral Detail

3. Create New Referral

Enter Option: _

F1=HELP F3=EXIT

2. In the **ENTER OPTION** field, key the number 3 and press **Enter**. The REFERRAL DETAIL 1 screen displays.

FR19 FRD0190	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL DETAIL 1	03/24/2000 08:06:17
-----------------	--	------------------------

REFERRAL ID: _____ + REFERRAL TYPE: _ + REFERRAL STATUS: _
NAME: _____
INDIVIDUAL ID: _____ + SSN: _____ DOB: 00/00/0000 SEX: _
ORIGINATING COUNTY: _____ OWNER: _____
PROGRAM: _____ + CASE ID: 000000000 COUNTY CASE #: _____

REFERRAL DATE: 00/00/0000 DATE OF DISCOVERY: 00/00/0000
REFERRING PERSON: _____
REFERRING PERSON PHONE: _____
REFERRAL SOURCE: _ + NATURE OF REFERRAL: _ +
SUSPECTED AMOUNT: 0.00 _____ SUSPECTED OP/OI PERIOD: 00/00/0000 to 00/00/0000
CASE WORKER ID: _____

ASSIGN REFERRAL? _ ASSIGNMENT DATE: 00/00/0000 INVESTIGATOR ID: _____ +
ACCEPT REFERRAL? _ ACCEPTANCE DATE: 00/00/0000 COLLECTOR: _____ +
OPEN INVESTIGATION? _ OPEN DATE: 00/00/0000 OVERRIDE USERID: _____
CLOSE REFERRAL? _ DATE CLOSED: 00/00/0000 OVERRIDE COUNTY: _____
REASON CLOSED: _____ OVERRIDE DATE: 00/00/0000
F1=HELP F2=CLEAR F3=EXIT F4=LIST F5=NTESUM F6=ADD F9=UPD F10=DTL2 F11=SPINOFF
F12=CANCEL
ACTION COMPLETED SUCCESSFULLY

NOTE: If you do not know the code or value for a field, you can use the **F4** key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

3. In the **REFERRAL TYPE** field, key the code for the type of referral.

Code	Value
F	Front End
O	Other
P	Project Recall
R	Regular

4. In the **INDIVIDUAL ID** field, key the case head payee's ID.
5. In the **PROGRAM** field, key the code that identifies the program to which the suspected overpayment applies.

You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **PROGRAM** field.

6. In the **CASE ID** field, key the individual's Case ID. If the case ID/program cannot be validated, the following error message is displayed:

CASE ID IS NOT FOUND. REVIEW CASE OR CALL EPICS AUTOMATION.

The override function can only be completed by State Staff Program Integrity Staff when applicable.

a. Food Stamps

- (1) For R, O, and P referral types, the CASE ID entered on the screen must exist in the FSIS Active Master file or the FSIS Inactive Master file. Any transaction code type is acceptable.
- (2) For F referral types, the Case ID entered on the screen must exist in the FSIS Active Master file and must have a transaction code of 1.

b. AFDC/TANF

- (1) For R, O, and P referral types, benefits must have been issued for the Case ID and Program entered on the screen.
- (2) For F referral types, the Case ID and Program entered on the screen must currently exist in the EIS pending application database.

NOTE: Front-end referral with a program code of AFDC can not be entered in EPICS.

c. Medicaid

- (1) For R, O, and P referral types, benefits must have been issued for at least one individual associated with the Case ID and Program entered on the screen.
- (2) For F referral types, the Case ID and Program entered on the screen must currently exist in the EIS pending application database.

- 7. In the **REFERRAL DATE** field, key the date the referral was received using the 10-character date format: MM/DD/YYYY.
- 8. In the **DATE OF DISCOVERY** field, key the date of discovery. This is a required field and must be in MM/DD/CCYY format.
 - a. This date cannot be greater than the **REFERRAL DATE**.
 - b. This date cannot be greater than the current date.
 - c. This date can be prior to or the same as the **REFERRAL DATE**.
 - d. This date can be changed if the referral status is **not** CL, TE, or OT.
- 9. In the **REFERRAL PERSON** field, key the name of the person who provided the referral information.
- 10. In the **REFERRAL SOURCE** field, key the code that represents the source of violation. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **REFERRAL SOURCE** field.

11. In the **NATURE OF REFERRAL** field, key the code that represents the nature of violation. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **NATURE OF REFERRAL** field.

Code	Value
E	Earned Income
O	Other
R	Reserve
U	Unearned Income

12. If applicable, enter data in the optional fields.

NOTE: To determine which fields are optional, see Referral Detail 1 Field Descriptions.

13. To add/save the data on the **REFERRAL DETAIL 1** screen and continue entering required data on **REFERRAL DETAIL 2** screen, press the **F6** function key. The REFERRAL DETAIL 2 screen displays.

FR21 FRD0210	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL DETAIL 2	06/29/2004 11:40:03
REFERRAL ID: _____	ALIAS NAMES	
EIS/FSIS ADDRESS	S Name	
_____	_____	
_____	_____	
S EPICS ADDRESS TYPE: PHYS_ +		

_____ - 0000	ALIAS SOCIAL SECURITY NUMBERS	
S TYPE PHONE NUMBER EXT	S SSN	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
_____ + _____	_____	
ALLEGATIONS		

F1=HELP F3=EXIT F4=LIST F6=ADD F9=UPDATE F12=CANCEL		

NOTE: EPICS attempts to validate the data, ensuring all required fields are populated. If not, the system informs you of the fields that require details and will not proceed to **REFERRAL DETAIL 2** screen until you provide the fields with the appropriate data.

For auditing and reviewing purposes, you must maintain all supporting documentation that warrants the override.

14. In the **ALLEGATIONS** field, key a description of the alleged fraud.

15. If applicable, enter data in the optional fields.

NOTE: To determine which fields are optional, see page 11, Referral Detail 2 Field Descriptions.

To add data in the optional fields, key the appropriate code in the **S** column.

16. To add/save the referral, press the **F6** function key.
17. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

F. Spin-off Function

After creating a new referral, you may determine that more than one benefit program is involved. EPICS provides a feature called *Spin-off* to help save time with data entry in this process. Since only one program can be associated with a referral at a time, using Spin-off (function F11 key) allows you to add a new referral based on the current referral displayed on the **REFERRAL DETAIL 1** screen. This feature uses the currently displayed information as default data. With this information, you make the necessary modifications to the data (i.e., change the program code, case number, referring person).

To add a referral using the spin-off feature:

1. Create a referral.

After the referral is created, return to the **REFERRAL DETAIL 1** screen to access **SPIN-OFF**. If the **REFERRAL DETAIL 2** screen is displayed, press the **F12** function key.

2. From the **REFERRAL DETAIL 1** screen, press the **F11** function key.

NOTE: The spin-off function clears the **REFERRAL ID, REFERRAL STATUS, PROGRAM ID, CASE ID, COUNTY CASE #, SUSPECTED AMOUNT, SUSPECTED OP/OI PERIOD** fields. It also clears the **ALLEGATIONS** field on the **REFERRAL DETAIL 2** screen.

3. In the **PROGRAM** field, key the code that identifies the benefits program to which the suspected overpayment applies.
4. In the **CASE ID** field, key the individual's Case ID.
5. In the **REFERRAL DATE** field, change the date, if necessary.
6. In the **DATE OF DISCOVERY** field, change the date if needed.
7. In the **REFERRAL PERSON** field, change the name of the person who provided the referral information, if necessary.

8. In the **REFERRAL SOURCE** field, change the code that represents the source of violation, if necessary.
9. In the **NATURE OF REFERRAL** field, change the code that represents the nature of violation, if necessary.
10. If applicable, enter/modify data in all optional fields on REFERRAL DETAIL 1 screen.
11. To add/save the referral details, press the **F6** function key. The REFERRAL DETAIL 2 screen displays.
12. In the **ALLEGATIONS** field, key a description of the alleged fraud.
13. If applicable, enter/change data in all optional fields REFERRAL DETAIL 2 screen.
14. To add/save and the referral, press the **F6** function key.
15. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

IV. REFERRAL LIST

If you need to display and update (e.g., accept a referral or edit) referral information, but **do not** know the referral ID, use the *Referral List* option. This feature provides three separate queries to help narrow your referral search. Based on your preferences and EPICS access level (County or State), you can query the database to display a list of referrals that are unassigned, assigned to a specific investigator, or owned by a specific county.

A. Referral List Field Descriptions

Field	Description	Required	System Generated	Optional
INVESTIGATOR ID	Used to choose which list you wish to view (unassigned, investigator, or county)	X		
COUNTY	3 character county code; Used to define which county's list will display (Note: Defaults to the county of the person logged into the system)		X	
S	1 character field used to select and view a referral			X
TYPE	1 character code indicating the type of referral		X	
STATUS	2 character code indicating the current status of the referral		X	

Field	Description	Required	System Generated	Optional
DATE	10 character field indicating the date the referral was received		X	
PROGRAM	Up to 4 characters; Code for the benefit program associated with the referral		X	
NAME (LAST)	Case head payee's last name (up to 30 characters)		X	
NAME (FIRST)	Case head payee's first name (up to 10 characters)		X	
INDIVIDUAL ID	10 character numbers of the case head payee provided by CNDS		X	

B. Referral List Function Keys

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to Main Menu
F4	To display a list
F6	To display a selected referral
F7	To display the previous screen (page down)
F8	To display the next screen (page up)
F12	To cancel or return to the previous screen

C. State Level and Supervisor Users

Supervisors (or designated person) must assign referrals to the investigators in their county. If the supervisor does not know the referral ID number of an unassigned referral, they can display a list of unassigned referrals for the county in which they are assigned.

1. To display a referral list of unassigned referrals and view referral details (Supervisor only):
 - a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.

- b. From the **REFERRAL MENU**, key the number 1 in the **Enter** Option field. The REFERRAL LIST screen displays.

FR23 FRD0230	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL LIST	06/29/2004 11:44:33
INVESTIGATOR ID: ____ + COUNTY: ____ +		More:
----- REFERRAL -----		
S	REFERRAL TYPE STAT DATE PROGRAM LAST NAME FIRST INDIVID. ID	
-		
-		
-		
-		
-		
-		
-		
F1=HELP F3=EXIT F4=LIST F6=DETAIL F7=PREV F8=NEXT F12=CANCEL		

- c. In the **INVESTIGATOR ID** field, key the number 99999.
- d. Press **Enter**. The referral list displays all unassigned referrals for the county.
- NOTE:** Unassigned referrals maintain a status of UN (unassigned).
- e. To view referral details, key a s in the **S** column next to the referral and press **Enter**. The REFERRAL DETAIL 1 screen displays.
- f. To view **REFERRAL DETAIL 2** screen, press the **F10** function key. The REFERRAL DETAIL 2 screen displays.
- g. To return to the previous screen, press the **F12** function key. The REFERRAL DETAIL 1 screen displays.
- h. To return to the **REFERRAL LIST** screen, press the **F12** function key. The REFERRAL LIST screen displays.

or

To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

2. To assign a referral via the Referral List (Supervisor only):
- a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
- b. From the **REFERRAL MENU**, key the number 1 in the **Enter Option** field and press **Enter**. The REFERRAL LIST screen displays.

- c. In the **INVESTIGATOR ID** field, type 99999 and press **Enter**.
- d. In the **S** column next to the referral, key an S and press **Enter**. The REFERRAL DETAIL 1 screen displays.
- e. In the **ASSIGN REFERRAL** field, key an Y to assign the referral.
- f. In the **INVESTIGATOR ID** field, key the investigator ID of the investigator who will accept the referral.
- g. To save the updates, press the **F9** function key.

NOTE: The **ASSIGNMENT DATE** field is system generated with today's date.

The **REFERRAL STATUS** field automatically populates with a PE (pending) code.

- h. To return to the **REFERRAL LIST** screen, press the **F12** function key. The REFERRAL LIST screen displays.

or

To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

- 3. Users with State Level access can query by specific county and view referrals.

Supervisors can view all referrals within their county.

To display a referral list and view referral details by County (State Level and Supervisor access only):

- a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
- b. From the **REFERRAL MENU**, key the number 1 in the **Enter Option** field. The REFERRAL LIST screen displays.

FR23 FRD0230	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL LIST	06/29/2004 11:44:33
INVESTIGATOR ID: ____ + COUNTY: ____ +		More:
----- REFERRAL -----		
S REFERRAL	TYPE STAT	DATE PROGRAM LAST NAME FIRST INDIVID. ID
-		
-		
-		
-		
-		
-		
F1=HELP F3=EXIT F4=LIST F6=DETAIL F7=PREV F8=NEXT F12=CANCEL		

- c. In the **INVESTIGATOR ID** field, delete the investigator ID number.
- d. If you have State Level access, you must enter the county you wish to view.

NOTE: Supervisors cannot modify the county field. It will default to the county in which they are assigned.

- e. Press **Enter** to display all the referrals owned by the county with the exception of unassigned referrals.
- f. To view referral details, key a s in the **S** column next to the referral and press **Enter** or the **F6** function key. The REFERRAL DETAIL 1 screen displays.
- g. To view **REFERRAL DETAIL 2** screen, press the **F10** function key. The REFERRAL DETAIL 2 screen displays.
- h. To return to the previous screen, press the **F12** function key. The REFERRAL DETAIL 1 screen displays.
- i. To return to the **REFERRAL LIST** screen, press the **F12** function key. The REFERRAL LIST screen displays.

or

To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

D. County Level Access Users

A user who has County Level access to EPICS (i.e., Investigators) can *only* query by their investigator ID and the county in which they are assigned. The referral list allows an investigator to view a list of all their referrals and select those referrals in a PE (Pending) status to accept them from the supervisor.

A supervisor can also query by a particular investigator number within their county.

1. To display a referral list and view referral details by investigator ID:
 - a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.

FR03 FRD0030	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL MENU	06/29/2004 11:47:23
1. Referral List 2. Referral Detail 3. Create New Referral		
Enter Option: _		
F1=HELP F3=EXIT		

- b. From the **REFERRAL MENU**, key the number 1 in the **Enter Option** field. The REFERRAL LIST screen displays.

FR23 FRD0230	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REFERRAL LIST	06/29/2004 11:44:33																																																															
INVESTIGATOR ID: ____ + COUNTY: ____ +																																																																	
More:																																																																	
----- REFERRAL ----- <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">S</th> <th style="text-align: left;">REFERRAL</th> <th style="text-align: left;">TYPE</th> <th style="text-align: left;">STAT</th> <th style="text-align: left;">DATE</th> <th style="text-align: left;">PROGRAM</th> <th style="text-align: left;">LAST NAME</th> <th style="text-align: left;">FIRST</th> <th style="text-align: left;">INDIVID. ID</th> </tr> <tr><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>—</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			S	REFERRAL	TYPE	STAT	DATE	PROGRAM	LAST NAME	FIRST	INDIVID. ID	—									—									—									—									—									—								
S	REFERRAL	TYPE	STAT	DATE	PROGRAM	LAST NAME	FIRST	INDIVID. ID																																																									
—																																																																	
—																																																																	
—																																																																	
—																																																																	
—																																																																	
—																																																																	
F1=HELP F3=EXIT F4=LIST F6=DETAIL F7=PREV F8=NEXT F12=CANCEL																																																																	

NOTE: The **INVESTIGATOR ID** field defaults to the investigator ID number who is logged into the system. The **COUNTY** field defaults to the county in which the user is assigned and cannot be modified.

- c. Press **Enter**. The referral list for the investigator displays.
- d. To view referral details, key a s in the **S** column next to the referral and press **Enter** or the **F6** function key. The REFERRAL DETAIL 1 screen displays.
- e. To view **REFERRAL DETAIL 2** screen, press the **F10** function key.
- f. To return to the previous screen, press the **F12** function key. The REFERRAL DETAIL 1 screen displays.
- g. To return to the **REFERRAL LIST** screen, press the **F12** function key. The REFERRAL LIST screen displays.

or

To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

- 2. To accept a referral (via the Referral List):

Prior to working on the investigation of a referral in EPICS, the investigator must accept the referral.

- a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
- b. From the **REFERRAL MENU**, key the number 1 in the **Enter Option** field. The REFERRAL LIST screen displays.
- c. Press **Enter**. The referral list for the investigator displays.
- d. Locate the assigned referral.
- NOTE:** Assigned referrals maintain a status of PE.
- e. To select the referral, key a s in the **S** column and press **Enter**. The REFERRAL DETAIL 1 screen displays.
- f. In the **ACCEPT REFERRAL** field, key an Y to accept the referral.
- g. In the **COLLECTOR** field, key collector ID, if different from the Investigator ID.

NOTE: The **COLLECTOR** field defaults to the Investigator ID.

- h. To save the updates, press the **F9** function key.

NOTE: The **ACCEPTANCE DATE** field is system generated with today's date.

The **REFERRAL STATUS** field automatically changes to AC (accepted).

- i. To return to the **REFERRAL LIST** screen, press the **F12** screen, press the **F12** function key. The REFERRAL LIST screen displays.

or

To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

- 3. If a referral is in AC (accepted) status and ready for investigation, the investigator may open the referral. Opened referrals maintain a status of IN (investigation).

To open a referral (via the Referral List):

- a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
- b. From the **REFERRAL MENU**, key the number 1 in the **Enter Option** field and press **Enter**. The REFERRAL LIST screen displays.
- c. Press **Enter**. The referral list for the investigator displays.
- d. Locate the accepted referral.

NOTE: Accepted referrals maintain a status of AC.

- e. To select the referral, key a s in the **S** column and press **Enter**. The REFERRAL DETAIL 1 screen displays.
- f. In the **OPEN INVESTIGATION** field, key an Y to open the investigation.
- g. To save the updates, press the **F9** function key.

NOTE: The **OPEN DATE** field is system generated with today's date.

The **REFERRAL STATUS** field changes to an **IN** (Investigation) status.

- h. To return to the **REFERRAL LIST** screen, press the **F12** function key. The REFERRAL LIST screen displays.

or

- i. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

V. REFERRAL DETAIL

If you know the referral ID of the specific referral you want to display, view, or update, you can use the *Referral Detail* option from the **REFERRAL MENU**.

A. To Display a Referral

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
2. From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL DETAIL 1 screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The referral displays.

NOTE: If you do not know the referral ID, you can use the **F4** key, which displays the REFERRAL LIST screen.

4. View the referral details.
5. To view details on the **REFERRAL DETAIL 2** screen, press the **F10** function key. The REFERRAL DETAIL 2 screen displays.
6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

B. To Update a Referral Detail Information

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
2. From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
3. In the **REFERRAL ID** field, key the referral ID you need to update and press **Enter**. The referral displays.

NOTE: If you do not know the referral ID, you can use the **F4** key, which displays the REFERRAL LIST screen.

4. Update the necessary fields.
5. To save the updates, press the **F9** function key.
6. To make updates to the **REFERRAL DETAIL 2** screen, press the **F10** function key. The REFERRAL DETAIL 2 screen displays.

7. Update the necessary fields

NOTE: To update the **ALIAS NAMES**, **EPICS ADDRESS** and **PHONE NUMBER** fields, type a U in the **S** column.

To update an **ALIAS SSN**, edit the number. To delete an **ALIAS SSN**, key a D in the S column.

8. To save the updates, press the **F9** function key.
9. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

C. To Close a Referral

If the **entire** investigation on a referral is completed (i.e., unsubstantiated), it is required that the investigator close the referral. The investigator must still complete the Claim Detail screen prior to closing a referral.

Referrals that have been paid off **do not** require this process. The **REFERRAL STATUS** automatically populates to **CL** (closed) when the current balance on the **CLAIM DETAIL** screen is set to 0 and sets the **CLOSE REFERRAL** field to Y.

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
2. From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL DETAIL 1 screen displays.
3. In the **REFERRAL ID** field, key the referral ID you need to close and press **Enter**. The referral displays.

NOTE: If you do not know the referral ID, you can use the **F4** key, which displays the REFERRAL LIST screen.

4. In the **CLOSE REFERRAL** field, key an Y to close the referral.
5. In the **REASON CLOSED** field, key the reason the referral is closed.
6. To save the changes, press the **F9** function key.

NOTE: The **DATE CLOSED** field is system generated with today's date. Also, the **REFERRAL STATUS** field automatically populates to:

- **CL** (closed) when the claim balance on the CLAIM DETAIL screen is 0
- **TE** (terminated) when the claim balance on the CLAIM DETAIL screen is greater than 0

Exception (Work First Only) and is displayed as TE:

Claims that have a balance greater than 0, Claim Type AE (Agency Error) and Agency Error Type C (County) are considered County Responsible Overpayment (CROP).

7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

D. To Transfer a Referral Out of State – Food Stamps Only

If a client moves out of state, it may be necessary to transfer the claim out of state.

Only those claims in CO (collection) status are eligible for Out of State transfers.

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
2. From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL DETAIL 1 screen displays.
3. In the **REFERRAL ID** field, key the referral ID you need to transfer and press **Enter**. The referral displays.

NOTE: If you do not know the referral ID, you can use the **F4** key, which displays the REFERRAL LIST screen.

4. In the **REFERRAL STATUS** field, enter **OT** for Out of State Transfer.
5. To complete the transfer, press the **F9** function key.
6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

E. To Reopen a Referral from Out of State Status – Food Stamps Only

A referral that has been in **OT** (Out of State) status may need to be reopened by the county if the client moves back to the originating state. For example, a client moved from Bertie County to VA, and the county issued an Out of State transfer. The client then moves back from VA to Bertie County. Once the county is aware that the client is back, the referral should be reopened in EPICS.

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
2. From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL DETAIL 1 screen displays.
3. In the **REFERRAL ID** field, key the rederral ID you need to reopen and press **Enter**. The referral displays.

NOTE: If you do not know the referral ID, you can use the **F4** key, which displays the REFERRAL LIST screen.

4. In the **REFERRAL STATUS** field, enter **CD** for Collection.

NOTE: All fields become unprotected with exception of the client's demographic information and the assign, accept, and open fields.

The referral is assigned to the original investigator. If the referral needs to be reassigned to another investigator, the supervisor must do this via Case Reassignment.

5. To complete the transfer, press the **F9** function key.
6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

F. To Create a Referral from an Out of State Source

If a county receives an allegation against a client from an out of state source, the referral must be entered in EPICS. For example, Gates County receives a phone call from a person in VA that someone in their county is committing a suspected fraud.

This is considered a Transfer from Out of State referral.

1. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
2. From the **REFERRAL MENU**, key the number 3 in the **Enter Option** field and press **Enter**. The REFERRAL DETAIL 1 screen displays.

NOTE: If you do not know the code or value for a field, you can use the **F4** key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

3. In the **REFERRAL TYPE** field, key the code for the type of referral.
4. In the **INDIVIDUAL ID** field, key the case head payee's ID.

If you do not know the case head payee's ID, press the equal sign (=) and F4 key. The Name Search screen displays. You may search in one of four ways which is outlined on the screen. Press ENTER. The Name List screen displays.

```

FR78      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  08/24/2004
FRD0750      Name Search  09:17:59

Last Name: _____ First Name: _____ Middle Initial: _
Sex Code: _ Date Of Birth: _____
SSN : _____ Individual ID: _____ _ Case ID: _____

To search, use either :-
    1. Last Name, First Name, Sex Code and Date of Birth only
    or, 2. SSN only
    or, 3. Individual ID only
    or, 4. Case ID only

F3=EXIT F4=CLEAR F12=CANCEL

```

FR78	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	08/24/2004
FRD0770	NAME LIST	09:21:33

Results for: _____

Sel	SSN	Last Name	First Name	MI	DOB	Sex	Indiv ID
EIS Cnty	FSIS Cnty	Program	Case ID	Race	Ethnicity	Language	

F1=HELP F3=EXIT F7=PREV F8=NEXT F11=CLIENT F12=CANCEL

If the individual is displayed, enter an 'S' by the name under the Sel column. Press Enter. The Referral Detail 1 screen is displayed with individual ID that was selected. If your individual is not displayed and an individual ID number must be assigned, press the F11 key. The Maintain Client screen displays.

FR04 NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM 08/24/2004
FRD0350 MAINTAIN CLIENT 09:28:38

INDIVIDUAL ID: 000000000 _

NAME: _____
SSN: _____
DOB: 00/00/0000 SEX: _ RACE: _ _ _ _ + ETHNICITY: _ + LANGUAGE: _ +

ADDRESS: _____ TYPE: PHYS_

_____ COUNTY CODE: _ +

PHONE NUMBER: _____
_____ EXT: _____ TYPE: HOME_

F1=HELP F2=CLEAR F3=EXIT F6=ADD F9=UPDATE F12=CANCEL

From the Maintain Client screen, enter the Name, SSN (if no ssn enter zeroes), Sex, Race (you may enter up to 5 codes), Ethnicity, Language, Address, and County Code. Phone Number is optional. Press the F6 key. The Maintain Client screen is redisplayed with the individual ID number assigned and the message:

CCIPN65D Person and Address Created Successfully

Press the F12 key. The Name List screen is redisplayed with the individual. Enter the 'S' by the individual under the Sel column and press ENTER. The Referral Detail 1 screen is displayed with the individual ID assigned and selected.

5. In the **PROGRAM** field, key the code the identifies the benefits program to which the suspected overpayment applies.
6. In the **CASE ID** field, key the individual's Case ID.
7. In the **REFERRAL DATE** field, key the date the referral was received using the 10-character date format: MM/DD/YYYY.

8. In the **DATE OF DISCOVERY** field, key the date of discovery. This is a required field and must be in MM/DD/CCYY format.
 - a. This date cannot be greater than the **REFERRAL DATE**.
 - b. This date cannot be greater than the current date.
 - c. This date can be prior to or the same as the **REFERRAL DATE**.
 - d. This date can be changed if the referral status is **not** CL, TE, or OT
9. In the **REFERRAL PERSON** field, key the name of the person who provided the referral information.
10. In the **REFERRAL SOURCE** field, key **OT** for Transfor from Out of State.
11. In the **NATURE OF REFERRAL** field, key the code that represents the nature of violation.
12. If applicable, enter date in the optional fields.

NOTE: To determine which fields are optional, see Referral Detail 1 Field Descriptions.

13. To add/save the data on the **REFERRAL DETAIL 1** screen and continue entering required data on **REFERRAL DETAIL 2** screen, press the **F6** function key. The REFERRAL DETAIL 2 screen displays.

NOTE: EPICS attempts to validate the data, ensuring all required fields are populated. If not, the system informs you of the fields that require details and will not proceed to **REFERRAL DETAIL 2** screen until you provide the fields with the appropriate data.

If either the case head payee or the Program and Case ID is not found in EIS/FSIS, you are prompted with a message: *The override function can only be completed by State Staff Program Integrity Staff when applicable.*

For auditing and reviewing purposes, you must maintain all supporting documentation that warrants the override.

14. In the **ALLEGATIONS** field, key a descriptions of the alleged fraud.
15. If applicable, enter data in the optional fields.

NOTE: To determine which fields are optional, see Referral Detail 2 Field Descriptions.

16. To add data in the optional fields, key the appropriate code in the **S** column.

17. To add/save the referral, press the **F6** function key.
18. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

VI. NOTEPAD

- A. After you add a referral, you may record notes regarding the referral, claim, or investigation by using the *Notepad* feature (which is accessed from the **REFERRAL DETAIL 1** screen). The **NOTEPAD** feature contains 2 screens: *NOTEPAD SUMMARY* and *NOTEPAD DETAIL*.

The **NOTEPAD SUMMARY** screen lists all notepad entries for a particular referral, displaying the note title/description, date created, and date last updated.

Notepad Summary Function Key Descriptions

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F6	To add a notepad entry (save)
F7	To display a previous screen (page down)
F8	To display the next screen (page up)
F12	To cancel or return to the previous screen

- B. The *NOTEPAD DETAIL* screen is utilized to add, update, and view **NOTEPAD** information (e.g., title/description, date created, date last updated, and description of the note entry).

Notepad Detail Function Key Descriptions

Key	Description
F3	To exit and return to the Main Menu
F6	To add a new note (save)
F7	To display the previous screen (page down)
F8	To display the next screen (page up)
F9	To update a note
F10	To delete a note
F12	To cancel or return to the previous screen

1. To add a note to a referral, the referral must already exist in EPICS.

NOTE: The notepad feature becomes **Read-Only** once a referral is in Collections (CO), Closed (CL), or Terminated (TE) status.

- a. To add a note to the Notepad:
 - (1) From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The **REFERRAL MENU** displays.
 - (2) From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field. The **REFERRAL DETAIL 1** screen displays.

- (3) In the REFERRAL ID field, key the referral ID of the referral that you need to add a note and press Enter. The referral details display.
- (4) Press the **F5** function key. The NOTEPAD SUMMARY screen displays.

FR25	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	05/25/2004																																	
FRD0250	NOTEPAD SUMMARY	15:03:18																																	
REFFERAL ID: REFERRAL TYPE: REFERRAL STATUS: NAME: INDIVIDUAL ID: SSN: DOB: SEX: COUNTY: PROGRAM: CASE ID: COUNTY CASE #: REFERRAL DATE: INVESTIGATOR ID:																																			
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">S TITLE/DESCRIPTION</th> <th style="width: 25%;">DATE CREATED</th> <th style="width: 25%;">DATE LAST UPDATED</th> </tr> </thead> <tbody> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> <tr><td>—</td><td>00/00/0000</td><td></td></tr> </tbody> </table>			S TITLE/DESCRIPTION	DATE CREATED	DATE LAST UPDATED	—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000		—	00/00/0000	
S TITLE/DESCRIPTION	DATE CREATED	DATE LAST UPDATED																																	
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
—	00/00/0000																																		
F1=HELP F3=EXIT F6=ADD F7=PREV F8=NEXT F12=CANCEL																																			

- (5) Press the **F6** function key. The NOTEPAD DETAIL screen displays.

FR31	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	05/25/2004
FRD0270	NOTEPAD DETAIL	15:21:10
REFFERAL ID: REFERRAL TYPE: REFERRAL STATUS: NAME: INDIVIDUAL ID: SSN: DOB: SEX: COUNTY: PROGRAM: CASE ID: COUNTY CASE #: REFERRAL DATE: INVESTIGATOR ID:		
TITLE/DESCRIPTION: ____ DATE CREATED: DATE LAST UPDATED:		
F3=EXIT F6=ADD F9=UPDATE F10=DELETE F12=CANCEL		

- (6) In the TITLE/DESCRIPTION field, key a title to the note that will describe your entry.

- (7) Press TAB.
- (8) In the space provided, key the referral notes.
- (9) To add/save, press the F6 function key.

NOTE: The **DATE CREATED** field is system generated with today's date. The **DATE LAST UPDATED** field will populate with a system generated date of the last edit.

- (10) To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

b. To display and update a note in Notepad:

- (1) From the MAIN MENU, key the number 2 in the Enter Option field and press Enter. The REFERRAL MENU displays.
- (2) From the REFERRAL MENU, key the number 2 in the Enter Option field. The REFERRAL DETAIL 1 screen displays.
- (3) In the REFERRAL ID field, key the referral ID of the referral that you need to update the note and press Enter. The referral displays.
- (4) Press the F5 function key. The NOTEPAD SUMMARY screen displays.
- (5) In the S column, key an S next to the note that you need to display and press Enter. The NOTEPAD DETAIL screen displays.
- (6) View the note details and, if needed, modify the title/description and/or note details.
- (7) To save the changes, press the F9 function key.

NOTE: The **DATE LAST UPDATED** field is system generated with the current date.

- (8) To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

If the note entry is no longer applicable to the referral, you can delete the entry. This delete is not reversible.

2. To delete a note from Notepad:
 - a. From the **MAIN MENU**, key the number 2 in the **Enter Option** field and press **Enter**. The REFERRAL MENU displays.
 - b. From the **REFERRAL MENU**, key the number 2 in the **Enter Option** field. The REFERRAL DETAIL 1 screen displays.
 - c. In the **REFERRAL ID** field, key the referral ID of the referral that you need to delete the note from and press **Enter**. The referral details display.
 - d. Press the **F5** function key. The NOTEPAD SUMMARY screen displays.
 - e. In the **S** column, key an S next to the note that you need to display and press **Enter**. The NOTEPAD DETAIL screen displays.
 - f. To delete the note entry, press the **F10** function key.
 - g. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

VI. UTILIZING F4

If you do not know the code or value for a field, you can use the *F4* function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

To enter field details using F4:

- A. In the field that contains a + (plus sign) to the right of the field, key = (equal sign) and press the **F4** function key. The specific code list screen displays.
- B. To select a code or value, table to the appropriate code/value in the **S** column and key an S.
- C. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
- D. Continue entering or updated the screen details.

VII. NAME SEARCH

When you are working with referrals and are uncertain of the individual ID, use the *Name Search* function. This searching method provides you with the capability to search CNDS for an individual ID number. There are 4 search criteria. You can *only* select one search method:

- Name, Sex, Date of Birth only
- SSN (social security number) only
- Individual ID only
- Case ID only

A. Name Search Function Key Descriptions

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To clear the search criteria fields
F11	To display the Maintain Client screen
F12	To return to the previous screen

B. To Search an Individual ID Using the Name Search Function

1. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.
2. Select a search method and key the appropriate information in the field(s).
3. To initiate the search, press **Enter**. The Name List screen displays with all records that match your search criteria.
4. In the **Sel** column, key an S in the field next to the appropriate individual and press **Enter**. The previous screen displays with the data from the search.
5. Continue entering or updating the screen details.

103 – CLAIMS

Change #2-2004

September 13, 2004

I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:

- The Claims Menu options;
- The Claims Menu function keys;
- The Claim Detail field descriptions;
- The Claim Detail function keys;
- Displaying and updating a claim;
- Deleting a claim (*State Level access only*);
- Reactivating a claim
- The Debtor Detail field descriptions;
- The Debtor Detail function keys;
- Adding a debtor to a claim;
- The Debtor Summary field descriptions;
- The Debtor Summary function keys;
- Displaying a list of debtors and view debtor details;
- Deleting a debtor (*State Level access only*);
- The TOP Process Overview;
- Setting or Updating a TOP Intercept Indicator flag;
- Setting or Updating a TOP Appeal flag;
- The DOR Process Overview;
- The Maintain Client field description;
- The Maintain Client function keys;
- Adding a client;
- Updating a client;
- The Repayment Approach field descriptions;
- The Repayment Approach function keys;

- Adding Repayment Approach information;
- Updating Repayment Approach data;
- The EPICS History by Casehead field descriptions;
- The EPICS History by Casehead function keys;
- Viewing a list of referrals by individual ID for Casehead;
- The EPICS History by Debtor field descriptions;
- The EPICS History by Debtor function keys;
- Viewing a list of referrals by individual ID for Debtor;
- Entering field details using F4 key;
- Searching for an individual ID.

II. CLAIMS MENU

During the investigation of a referral, the investigator may determine that a client owes a substantiated debt. Once the investigation on a referral is complete and proved to warrant a *claim* (an established overpayment subject to collection process), it is necessary for specific information to be recorded in EPICS on the claim before collections is initiated. The claim is then used to track the debtor(s) and all payments made by the debtor(s) to repay the overpayment.

The **CLAIMS MENU** contains four options from which to choose:

Claims Menu Option	Description
1. EPICS History by Case Head	To view the history of referrals for a case head by individual ID
2. EPICS History by Debtor	To view the history of referrals for a debtor by individual ID
3. Claim Detail	To record required information about the claim in preparation for collections. It contains the following screens: Claim Detail, Debtor Summary, Debtor Detail, and Repayment Approach Summary.
4. Repayment Approach Summary	To record repayment agreement information against the debtor(s)

Claim Menu Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu

III. CLAIM DETAIL

When you create a new referral in EPICS, the “shell” of a claim is also created for the referral. The initial and required steps for recording claim information (e.g. claim type, Overpayment Payment/Over Issuance (OP/OI) periods, current balance and overpayment amount) is to update the *CLAIM DETAIL* screen.

A. Claim Detail Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system	X		
Referral Type	Code that identifies the type of referral		X	
Referral Status	2 character code for the status of a referral		X	
Name	Last name, first name and middle initial of the case head payee		X	
Individual ID	Unique ID associated with the case head payee supplied by CNDS		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	

Field	Description	Required	System Generated	Optional
County	3 digit number from 000-100 representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID of the investigator assigned to the referral		X	
Current Balance	Up to 9 characters; Current amount due on the claim	X		
Service code	2 character code; Required when the program is Medicaid goes in CO status, indicating the type of medical services provided during the overpayment period	X		
Claim Type	Up to 3 characters; Code that specifies the type of overpayment claim	X		

Field	Description	Required	System Generated	Optional
Agency Error Type	1 character; Required if the claim type is AE, indicating if the error is State or County	X		
Civil Judgement Date	Date indicating if the claim was reduced to a civil judgement, providing an unlimited time in which the county can attempt to seek collection			X
Criminal Judgement Date	Date indicating if the claim was reduced to a criminal judgement, providing an unlimited time in which the county can attempt to seek collection			X
OP/OI Begin Date (from)	10 character date (MM/DD/YYYY) of the start date for the overpayment	X		
OP/OI End Date (To)	10 character date (MM/DD/YYYY) of the end date for the overpayment	X		
MED PROFILE IND	This 1 character field indicates if a Medicaid Profile is needed.			X
Overpayment amount	Up to 9 characters; Amount due from the overpayment	X		

Field	Description	Required	System Generated	Optional
Substantiation Method	1 character code; Required if the claim type is set to IPV, indicating the method by which the claim is substantiated	X		
Compromised Amount	Up to 9 characters; Used when the overpayment amount is different from what was originally entered (FS Only). This value must be entered from the Payments screen.			X
Delete Reason	1 character code required when a claim is being deleted – State Office Only	X		
Establishment Date	10 character date in which the claim goes into CO status, by entering the Claim Type as AE, SIE, IHE, or IPV		X	
U/P Creation Date	10 character date in which the claim type was entered as U or P		X	

B. Claim Detail Function Keys

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display debtor information
F9	To update the claim information
F10	To delete a claim (State Level only)
F12	To cancel or return to the previous screen

1. To Display and Update a Claim

- a. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
- b. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.

FR29	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	02/23/2004
FRD0290	CLAIM DETAIL	15:27:08

REFERRAL ID: _____ + REFERRAL TYPE: _ REFERRAL STATUS: _
 NAME: _____
 INDIVIDUAL ID: _____ SSN: _____
 DOB: _____ SEX: _
 COUNTY: _ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____
 REFERRAL DATE: _____ INVESTIGATOR ID: _____

CURRENT BALANCE: _____ 0.00 SERVICE CODE: _ +
 CLAIM TYPE: _ + AGENCY ERROR TYPE: _ CIVIL JUDGEMENT DATE: _____
 CRIMINAL JUDGEMENT DATE: _____

OP/OI PERIODS: FROM _____ TO _____ MED PROFILE IND _
 _____ MED PROFILE IND _
 _____ MED PROFILE IND _
 _____ MED PROFILE IND _

OVERPAYMENT AMOUNT: _____ SUBSTANTIATION METHOD: _ +
 COMPROMISE AMOUNT: _____ DELETE REASON: _ +
 ESTABLISHMENT DATE: _____ U/P CREATION DATE: _____

F1=HELP F2=CLEAR F3=EXIT F4=LIST F5=DEBTOR F9=UPDATE F10=DELETE F11=REACTIVATE
 F12=CANCEL

NOTE: If you do not know the code or value for a field, you can use the F4 function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field. For additional information about claim codes, see Appendix B.

- c. In the **REFERRAL ID** field, key the referral ID number for the case head payee and press **Enter**. The referral information displays.
- d. For **Medicaid only**, in the **SERVICE CODE** field, key the service code. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **SERVICE CODE** field.

Code	Value
01	Inpatient Hospital (Claim Types S, X)
02	Outpatient Hospital (Claim Types M, W)
03	Dental (Claim Type K)
04	Drugs (Claim Type D)
05	Physician (Claim Types J, L, O, P)
06	Home Health/Hospice/PCS (Claim Type Q)
09	Medicare Part A or Part B Premium
11	Nursing Home/PCS In ACH (Claim Type T)
67	NC Health Choice Premium
71	Medicaid Transportation

- e. In the **CLAIM TYPE** field, key the claim type.

You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **CLAIM TYPE** field.

Code	Value
AE	Agency Error
IHE	Inadvertent Household Error/Client Error
IPV	Intentional Program Violation/Fraud
P	Undetermined Pending Criminal Court
S	Suspected Claim
SIE	State Issuance Error (Food Stamps Only)
U	Undetermined Pending ADH
US	Unsubstantiated

- (1) **Medicaid** – Do not enter Agency Error as a claim type. The system generates an error message if attempted.

- (2) **Food Stamps and Workfirst**

If you select **AGENCY ERROR**, it is required that you enter the agency error type in the **AGENCY ERROR TYPE** field.

- (a) **Food Stamps – Agency Error Code:**

The county can enter C (County) and S (State).

(b) **Work First – Agency Error Code**

The county can enter C (County).

State Staff can only enter S (State).

County level personnel should contact the DSS office for the S code type to be entered.

- f. In the **OP/OI PERIODS** fields, enter the OP/OI beginning and ending dates using the 10-character format MM/DD/YYYY.

NOTE: You can enter up to four OP/OI periods.

Program	OP / OI Criteria
AFDC	Beginning and end dates must be before January 1997.
TANF	Due to TANF program funding methods, claims must be divided into 2 periods: January 1997 through September 1997 and October 1997 through the present. If the beginning date period falls within the January 1997 through September 1997 time frame, then the ending date must also fall within that range. This enables EPICS to interface with the accounting systems based on the funding for each.
MICK, MICJ	Beginning and ending dates for NCHC must be on or after 10/1/98.

If you attempt to enter an overpayment period that is not included in these funding boundaries, a message displays when you press **F9** to update. The system guides you to the correct periods within the funding boundaries from one claim and create a new referral for the other overpayment periods outside the first boundary.

- g. The **MEDICAID PROFILE INDICATOR** is used to request a follow-up Medicaid Recipient Profile 12 months after the TO Date of the OP/OI period. This field is an optional field and may be entered for all Medicaid claims except for those programs listed below. The valid values for this field is 'Y' (Yes), 'N' (No), or 'space'. If a 'Y' is entered, the claim appears on the Medicaid Profile Follow-up Case Management Report 12 months after the TO Date.

- (1) The program code cannot be AFDC, FS, TANF, MICJ, MICL, MICS, MQBB, or MQBE. If the indicator of 'Y' is entered with one of these program codes, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, INVALID PRORAM CODE'.

- (2) The claim type must be IHE or IPV. If the indicator is entered and the claim type is not IHE or IPV, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, INVALID CLAIM TYPE'.
- (3) A 'Y' is allowed for all OP/OI periods displayed on the claim if the calculated date has not expired and meets the above criteria. For example, the current date is 3/03/03. The TO Date of the OP/OI period is 03/31/02. The calculated date is 3/2003. The claim displays on the Medicaid Profile Follow-up Case Management Report created the last work night in March 2003.
- (4) The indicator is not allowed if the calculated date has expired. If the indicator is keyed and the calculated date has expired, the following error message is displayed: 'THE OP IS MORE THAN 12 MONTHS IN THE PAST ORDER A MEDICAID PROFILE NOW '. For example, the current date is 3/3/03. The TO Date of the OP/OI period is 2/28/2002. The calculated date is 2/28/2003 which has expired.
- (5) The indicator is not allowed when no overpayment period is displayed on the claim. If the indicator is keyed with no OP/OI displayed, the following error message is displayed: 'MEDICAID PROFILE INDICATOR NOT ALLOWED, NO OP/OI DISPLAYED'.
- (6) The indicator may be changed from 'Y' or 'N' or vice versa when the calculated date has not expired.
 - (a) The OP/OI period is 1/1/2002 – 06/30/2002. The current date is 3/3/03. The calculated date is 06/2003. The change from 'Y' to 'N' is allowed.
 - (b) The OP/OI period is 1/1/2002 – 06/30/2002. The current date is 3/3/03. The calculated date is 06/2003. The change from 'N' to 'Y' is allowed.
- (7) The Medicaid Profile Indicator is reset from 'Y' to space if the OP/OI TO Date is changed. The original calculated date is recalculated based on the new TO Date keyed. If the new calculated date has not expired, you may enter a 'Y' if a follow-up profile is needed. If the new calculated date has expired, you may not enter a 'Y'.
 - (a) The original TO Date was 5/31/02. The calculated date was 05/2003. A 'Y' had previously been keyed for the indicator. The TO Date is changed to 3/31/02. The indicator is reset to space. The new calculated date is 3/2003. The current date is 3/3/03. A 'Y' may be entered. The calculated date has not expired.

- (b) The original TO Date was 5/31/02. The calculated date was 05/2003. A 'Y' had previously been keyed for the indicator. The TO Date is changed to 02/28/03. The indicator is reset to space. The new calculated date is 2/2003. The current date is 3/3/03. A 'Y' may not be entered. The calculated date has expired.

h. In the **OVERPAYMENT AMOUNT** field, key the overpayment amount. The CURRENT BALANCE field is updated by EPICS with the amount keyed.

- (1) If the **OVERPAYMENT AMOUNT** must be changed after the claim was initially established, enter the corrected or revised amount in the **OVERPAYMENT AMOUNT** field. Press F9 to update. EPICS populates the **CURRENT BALANCE** field with the increase or decreased amount. The appropriate AJCI or AJCD entry is displayed on the payment history screens.

- (2) The **OVERPAYMENT AMOUNT** cannot be decreased to zero. If a zero amount is entered the following error message is displayed:

'OVERPAYMENT AMOUNT MUST BE GREATER THAN \$0.00'

- (3) If payments or adjustments have been posted and the difference between the existing **CURRENT BALANCE** and the initial overpayment is greater than the decrease to the overpayment amount, EPICS does not allow the change to the **OVERPAYMENT AMOUNT** field. The following error message is displayed:

'OVERPAYMT AMT LESS THAN COLLECTIONS. PAYMT CORRECTIONS MAY BE NECESSARY.'

- (a) If the correct Overpayment Amount has been over-collected, reverse out the total amount of all payments that were collected in error by completing a payment correction.

NOTE: EPICS DOES NOT ALLOW PAYMENT CORRECTIONS FOR AFDC CLAIMS OUTSIDE THE CURRENT MONTH.

- (b) Payments collected via NC Debt Setoff (DOR) and the Treasury Offset Program (TOP) cannot be reversed nor refunded by county staff.

- 1) If an AFDC/Work First claim has been over-collected through DOR, contact Family Support and Child Welfare Services staff at 919-733-4622 before taking further action.

- 2) If a Food Stamp claim has been over-collected through either DOR or TOP, contact the Food Assistance and Energy Programs Branch staff at 919-733-7831 before taking further action.
- 3) If a Medicaid claim has been over-collected via DOR, contact Brenda Porter or Shara Britt at 919-733-3590.
- (c) Once the over-collected payments have been reversed out, enter the correct **OVERPAYMENT AMOUNT**.
- (d) Re-key the payments that were reversed and refund any over-collections. Any resulting over-collection is reflected on the FRD104 Refund Report.

EXAMPLE: On 10/01/2003, a claim was showing an overpayment amount of \$400.00 and a current balance of \$200.00. A cash payment of \$200.00 had been posted in EPICS on 09/2003. The correct amount of the overpayment/overissuance is \$150.00. This is a decrease of \$250.00. Since the decrease to the overpayment amount is more than the difference between the existing overpayment amount and the existing current balance, once the F9 key is pressed the following error message is displayed:

'OVERPAYMT AMT LESS THAN COLLECTIONS. PAYMT CORRECTIONS MAY BE NECESSARY.'

Reverse out the entire \$200.00 payment by completing a payment correction.

Key the correct amount of \$150.00 in the **OVERPAYMENT AMOUNT** field. This corrects the **CURRENT BALANCE** to \$150.00.

Re-key the payment of \$200.00 that was reversed out. This results in the claim being paid in full. The claim was over-collected and a refund of \$50.00 must be issued to the debtor.

NOTE: The overpayment field can never be less than the current balance field. If this occurs, you must adjust the overpayment field prior to adjusting the current balance field.

- i. If the **CLAIM TYPE** is IPV, the **SUBSTANTIATION METHOD** is required. You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an 'S' under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **SUBSTANTIATION METHOD** field.

Code	Value
A	Court of Appeals
C	DQ Consent Agreement
D	District Court Action
H	Administrative Disqualification Hearing (ADH)
S	Superior Court Action
W	Waiver of ADH

- j. If applicable, enter data in the optional fields.
- k. Press the **F9** function key.

NOTE: Validation is initiated against the benefit distribution/eligibility on the EIS Check History, EIS Individual database and the FSIS Issuance System based on the program code. If the overpayment periods can not be validated against these systems for reasons other than OP / OI criteria described, EPICS prompts you to press F9 again to override these edits or press Enter to modify the OP / OI dates, as necessary. If the dates are correct and you choose to override the dates, you **must have the proper supporting documentation.**

The **ESTABLISHMENT DATE** field is system generated with today's date if the claim type entered is AE, SIE, IHE, or IPV. Once the information is validated, the referral status is updated to CO (collections).

Exception:

If the Claim Type is US or S it maintains the status of the referral status AND the Establishment date is not populated. If the Claim Type is U or P, it maintains the status of the referral and the U/P Creation date is populated; the Establishment Date is not populated at this time. Once the Claim Type is updated to IHE, IPV, AE, or SIE the status will change to "CO" and the Establishment date will be populated.

- I. The **CURRENT BALANCE** field is populated by EPICS with the amount entered in the **OVERPAYMENT AMOUNT** field.

- (1) A claim balance may require an adjustment when an incorrect entry was made to the balance prior to January 1, 2004, or when an invalid claim cannot be deleted due to previous adjustments. When such adjustments are needed fax a request on county letterhead to the appropriate State DMA or DSS staff.

For Medicaid claims, fax requests to Brenda Porter or Shara Britt at 919-715-7706.

For Food Stamp claims, fax requests to FAEP Program Integrity staff at 919-733-0645.

For AFDC and Work First claims, fax requests to the Family Support and Child Welfare Services section at 919-715-6714.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Adjustment
- e. Correct Balance Amount
- f. Signature of Supervisor

- (2) If an AFDC or Work First claim cannot be collected because the debtor cannot be located or because the debtor is deceased, the balance of the claim must be adjusted to zero.

- (a) Do not terminate the AFDC//Work First claim. Send a written request on county letterhead to the Family Support and Child Welfare Services section at:

2408 Mail Service Center
325 N. Salisbury St
Raleigh, NC 27699-2408

- (b) Include on the request:

Casehead Name
Referral ID
Program Case ID
Overpayment Period
Current Claim Balance
Reason For Claim Write Off

- (c) These requests are sent to the State Controller's Office or the Attorney General's office for approval to write off the claims. Upon approval, State DSS staff adjusts the claim balance to zero to close the claim.
- (3) If a Medicaid claim cannot be collected due to the death of the debtor and no collection from the estate is possible, the balance of the claim must be adjusted to zero.
 - (a) Do not terminate the Medicaid claim. Document the date of death and the reason the claim cannot be collected in the ALLEGATIONS field of the Referral Detail 2 screen.
 - (b) Send or fax a request on county letterhead to Brenda Porter or Shara Britt to close the claim.

Fax number: 919-715-7706

Mail Address:

DMA, Quality Assurance Section
MSC# 2501
Raleigh, NC 27699-2501
 - (c) Include on the request:

Casehead Name
Referral ID
Program Case ID
Reason Claim Uncollectable
 - (d) Upon approval of the request, State DMA PI staff adjusts the claim balance to zero to close the claim.
- (4) If a Food Stamp claim cannot be collected due to the death of the only debtor, terminate the claim.
- m. To save and update the **CLAIM DETAIL**, press the F9 function key.
- n. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

or

To continue with debtor detail information, press the **F5** function key. The DEBTOR DETAIL screen displays.

2. To Delete a Claim (State Level access only)

A claim is never completely deleted from EPICS. However, a function exists to disassociate the claim to the referral, performing a *soft delete*. If an invalid claim is entered in error, employees with **State Level access only** can perform a soft delete.

Prior to soft deleting a claim, you should enter adjustments for payments received on the claim in order for the funds to be returned back to the debtor(s); similar to the procedures for making a refund. Lastly, all debtors assigned to the claim must be soft deleted from the claim.

NOTE: **Payments** against AFDC claims can not be adjusted.

After you perform the soft delete for a claim, it can be retrieved from the database only for specific reporting functions. A deletion date is assigned to the claim, but does not display on the screen.

County level personnel should contact the DSS/DMA office for deletion of a claim.

- a. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press Enter. The CLAIMS MENU displays.
- b. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
- c. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
- d. Press the **F10** function key.
- e. In the **DELETE REASON CODE** field, key the reason code that explains why the claim is being deleted.
- f. To delete the claim, press the **F10** function key again. The claim deletes and a deletion date is assigned to the claim, but does not display on the screen.
- g. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

3. To Reactivate a Claim (FS Only)

Food Stamp claims that are in TE (Terminated) Status may be reactivated. If reactivation is needed for another claim and program, another referral must be keyed.

- a. From the **MAIN MENU**, key the number 3, Claims Menu, in the **ENTER OPTION** field. The CLAIMS MENU displays.

- b. From the **CLAIMS MENU**, key the number 3, Claim Detail, in the **ENTER OPTION**, field. The **CLAIM DETAIL** screen displays.
- c. Key the **REFERRAL ID** number and press **ENTER**. The terminated referral displays.
- d. Press the F11 key. The referral is redisplayed with the same information as at the time of termination; however, the following fields are unprotected and you may update.

Claim Type
Agency Error Type
OP/OI Periods
Overpayment Amount
Substantiation Method
- e. Press the F9 UPDATE key. The claim is reactivated and the status is changed from TE to CO (Collection).
- f. To exit and return to the **MAIN MENU**, press the F3 function key. The MAIN MENU displays

IV. DEBTOR DETAIL

All adults (debtors) in the case are equally and financially responsible for any/all claims. Consequently, it is required that the investigator records debtor details in EPICS for each claim.

If the courts have determined that an overpayment is to be divided among more than one debtor, they must have separate referrals. In that case, they would not be listed as debtors on each other's referral. They would be debtors on their separate referrals only.

A. Debtor Detail Screen Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system upon creation of a referral		X	
Referral Type	1 character code that identifies the type of referral		X	
Referral Status	2 character code for the status of a referral		X	
Name	Last name, first name and middle initial of the case head payee		X	
Ind. ID	Unique ID associated with the case head payee supplied by CNDS		X	

Field	Description	Required	System Generated	Optional
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	
County	3 digit number with the values from 000-100, representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID number of the investigator assigned to the referral		X	
LOI Date	Date the Letter of Overissuance is sent to the debtor		X	

Field	Description	Required	System Generated	Optional
60 DAY NOTICE	This is the date the 60 Day Notice is sent for the DOR process.		X	
POST HEARING NOTICE	This is the date the investigator enters once the Post Hearing Demand Notice has been sent.		X	
Debtor Individual ID	Unique ID associated with the Debtor provided by CNDS	X		
Debtor SSN	Debtor's social security number		X	
Debtor DOB	Debtor's date of birth		X	
Debtor Sex	Debtor's sex		X	
Debtor Race	Debtor's race may be up to 5 race codes		X	
Ethnicity	Debtor's Ethnicity		X	
Language	Debtor's Language Preference		X	
Debtor Phone Number	Debtor's phone number		X	
Debtor Ext.	Debtor's phone extension		X	
Debtor Name	Debtor's full name (first, name, last name and middle initial)		X	
Debtor Address	Debtor's address		X	
NC Debt Setoff	Code used to set individual up for NC Tax Intercept			X
Delete Reason Code	Code indicating the reason for deleting the debtor			X
TOP Intercept Ind.	Code used to set individual up for Federal Tax Intercept			X

Field	Description	Required	System Generated	Optional
TOP Intercept Appeal Ind	Set by the county when a debtor request an appeal that suspends tax intercept until the outcome of the hearing			X
Address Req.	Date Address request sent to TOP		X	
FS Appeal Ind	Set by the county to block an individual from being selected for FS Recoupment on this particular referral			X

B. Debtor Detail Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display the Repayment Approach Summary screen
F6	To add a debtor (save)
F9	To update debtor detail information
F10	To delete a debtor (State Level Only)
F11	To display the Maintain Client screen
F12	To cancel or return to the previous screen

C. To Add A Debtor TO A Claim

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the **F5** function key.

FR35 FRD0350	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM DEBTOR DETAIL	08/24/2004 10:11:08
REFERRAL ID: _____ REFERRAL TYPE: _ REFERRAL STATUS: __		
NAME: _____		
IND. ID: _____ SSN: _____ DOB: _____ SEX: _		
COUNTY: _____ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____		
REFERRAL DATE: _____ INVESTIGATOR ID: _____ LOI DATE: 00/00/0000		
60 DAY NOTICE: 00/00/0000		
DEBTOR INFO: POST HEARING NOTICE: 00/00/0000		
INDIVIDUAL ID: 000000000 _ + SSN: _____ SEX: _		
DOB: _____ RACE: _____ ETHNICITY: _____ LANGUAGE: _____		
PHONE NUMBER: _____ EXT: _____		
NAME: _____		
ADDRESS: _____		

NC DEBT SETOFF: _ + DELETE REASON CODE: _____ +		
TOP INTERCEPT IND: _ + TOP INTERCEPT APPEAL IND: _ +		
ADDRESS REQ: 00/00/0000 FS APPEAL IND: _ +		
F1=HELP F3=EXIT F4=LIST F5=REPAY F6=ADD F9=UPD F10=DELETE F11=CLIENT F12=CANCEL		
FRDDD0S ACTION COMPLETED SUCCESSFULLY		

NOTE: If no debtors have been previously added to the claim, the DEBTOR DETAIL screen displays.

If *one or more debtors* have been previously added to the claim, a list of debtors displays on the **DEBTOR SUMMARY** screen. Press the **F9** function key **from the Debtor Summary screen**.

5. In the **INDIVIDUAL ID** field (under Debtor Info), key the individual ID of the person being added as a debtor and press **Enter**. The individual's demographic information displays.

If you do not know the debtor's ID, press the equal sign (=) and F4 key. The Name Search screen displays. You may search in one of four ways which is outlined on the screen. Press ENTER. The Name List screen displays.

FR78 FRD0750	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM Name Search	08/24/2004 09:17:59
Last Name: _____ First Name: _____ Middle Initial: _		
Sex Code: _ Date Of Birth: _____		
SSN : _____ Individual ID: _____ Case ID: _____		
To search, use either :-		
1. Last Name, First Name, Sex Code and Date of Birth only		
or, 2. SSN only		
or, 3. Individual ID only		
or, 4. Case ID only		
F3=EXIT F4=CLEAR F12=CANCEL		

```

FR78      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  08/24/2004
FRD0770                                NAME LIST                09:21:33

Results for: _____

Sel SSN      Last Name      First Name  MI  DOB      Sex  Indiv ID
  EIS Cnty  FSIS Cnty  Program  Case ID      Race  Ethnicity  Language

F1=HELP F3=EXIT F7=PREV F8=NEXT F11=CLIENT F12=CANCEL
  
```

If the individual is displayed, enter an 'S' by the name under the Sel column. Press Enter. The Debtor Detail screen is displayed with individual ID and demographic data for the ID selected. Press the F6 key to add the debtor. If the individual is not displayed and an individual ID number must be assigned, press the F11 key. The Maintain Client screen displays.

```

FR04      NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  08/24/2004
FRD0350                                MAINTAIN CLIENT        09:28:38

INDIVIDUAL ID: 000000000 _

NAME: _____
SSN: _____
DOB: 00/00/0000 SEX: _ RACE: _ _ _ _ + ETHNICITY: _ + LANGUAGE: _ +

ADDRESS:
_____ TYPE: PHYS_
_____ COUNTY CODE: _ _ +

PHONE NUMBER:
_ _ _ _ _ EXT: _ _ _ _ TYPE: HOME_

F1=HELP F2=CLEAR F3=EXIT F6=ADD F9=UPDATE F12=CANCEL
  
```

From the Maintain Client screen, enter the Name, SSN (if no ssn enter zeroes), Sex, Race (you may enter up to 5 codes), Ethnicity, Language, Address, and County Code. Phone Number is optional. Press the F6 key.

The Maintain Client screen is redisplayed with the individual ID number assigned and the message:

CCIPN65D Person and Address Created Successfully

Press the F12 key. The Name List screen is redisplayed with the individual. Enter the 'S' by the individual under the Sel column and press ENTER. The Debtor Detail screen is displayed with the individual ID selected along with the debtor's demographic information. Press the F6 key to add the debtor.

6. To add the individual as a debtor, press the **F6** function key.
7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

or

To add another debtor, press the **F12** function key. The DEBTOR SUMMARY screen displays. Press the **F9** function key. The DEBTOR DETAIL screen displays. Repeat steps 5-6.

D. Changes To A Debtor

There are few fields that can be updated on the Debtor Detail Screen. The debtor information is brought forward and is protected. Depending on the program, determines what fields are unprotected.

1. All Programs Except FS

The NC DEBT SETOFF field is the only field unprotected. This field is updated with a 'Y' by the system if the debtor has been selected for DOR. Exempt codes may be entered if the debtor should not be part of the DOR selection. For further instructions, please see the DOR process section.

2. FS Program

- a. POST HEARING NOTICE

The investigator stops the TOP Intercept Process by updating the TOP Intercept Indicator when the debtor has requested a hearing. When the hearing has been held and the decision is in favor of the county and the Post Hearing Demand Notice has been sent, the investigator enters the date the notice was sent to the debtor. EPICS tracks this date and restarts the TOP process.

- (1) This field is only allowed when the program is FS.
- (2) The date must be in MM/DD/CCYY format.
- (3) The date may be prior to or equal to the current date. If the date entered is greater than the current date, the following error message is displayed:

**'DATE BE MUST LESS THAN OR EQUAL TO THE
CURRENT DATE'**

- (4) This date is used by EPICS to recalculate the 180 days before it sends the debtor to TOP to be certified. Day one of the 180 day calculation is the day after the Post Hearing Notice date. If the TOP Intercept Indicator for the debtor is either A or B at the time the Post Hearing Notice date is keyed, the system does not send the debtor back through the A or B stage.

- b. The NC DEBT SETOFF field, TOP INTERCEPT IND field, and the FS APPEAL IND field are all unprotected. For further instructions see the DOR process section, the TOP process section, and food stamp appeal section.

E. To Delete a Debtor (STATE LEVEL ACCESS ONLY)

If a debtor is added to a claim in error or is invalid, you can *soft delete* the debtor. However, a soft deletion delete does not actually remove the debtor from the claim, only disassociates the debtor(s) with the claim (in order to retain integrity of the database and to provide an audit history). Likewise, if you need to delete a claim, you must soft delete the debtor(s) first.

If the specified debtor has already made payments on the claim, you should adjust/correct the payments and make certain the funds are returned to the debtor, as necessary. The adjustment/correction must also be processed through the accounting systems. Upon completion of the adjustment/correction, you can proceed with soft deleting the debtor in EPICS.

County level personnel should contact the DSS/DMA office for deletion of a debtor.

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the **F5** function key. The DEBTOR SUMMARY screen displays with a list of debtor(s).
5. In the **List** column, key a s to the left of the debtor and press **Enter**. The Debtor Detail screen displays.
6. Press the **F10** function key.
7. In the **DELETE REASON CODE** field, key the reason code that explains why the debtor is being deleted.

8. To delete the debtor, press the **F10** function key again. A date of the deletion will be assigned to the debtor, but will not display on the screen.
9. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

or

To return to the **DEBTOR SUMMARY** screen, press the **F12** function key.

F. Display List Of Debtors And View Debtor Details

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.

4. Press the **F5** function key. The DEBTOR SUMMARY screen displays with a list of debtors.

FR37 FRD0370	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM DEBTOR SUMMARY	06/29/2004 11:51:44
		MORE:
REFERRAL ID: _____ + REFERRAL TYPE: _ REFERRAL STATUS: __		
NAME: _____		
INDIVIDUAL ID: _____ SSN: _____ DOB: _____ RACE: _ SEX: _		
COUNTY: _____ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____		
REFERRAL DATE: _____ INVESTIGATOR ID: _____		
LIST OF DEBTORS:		
SSN	IND. ID	NAME
- _____	- _____	- _____
- _____	- _____	- _____
- _____	- _____	- _____
- _____	- _____	- _____
F1=HELP F3=EXIT F4=LIST F7=PREV F8=NEXT F9=DEBTOR DETAIL F12=CANCEL		

NOTE: If there are numerous debtors for this claim, press the **F8** function key to view the next screen of debtors. To go back to the previous screen of debtors, press the **F7** function key.

5. In the **List** column, key an s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.
6. View the details.
7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

V. DEBTOR SUMMARY

You can view a list of debtors associated with a specific referral from the *Debtor Summary* screen.

A. Debtor Summary Screen Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system upon creation of a referral		X	
Referral Type	1 character code that identifies the type of referral		X	
Referral Status	2 character code for the status of a referral		X	
Name	Last name, first name and middle initial of the case head payee		X	
Ind. ID	Unique ID associated with the case head payee supplied by CNDS		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	

Field	Description	Required	System Generated	Optional
County	3 digit number with the value from 000-100, representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID number of the investigator assigned to the referral		X	
List of Debtors: SSN	Debtor's social security number		X	
List of Debtors: Ind. ID	Unique ID associated with the Debtor, supplied by CNDS		X	
List of Debtors: Name	Debtor's full name (first name, last name and middle initial)		X	

B. Debtor Summary Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (page up)
F8	To display the next screen (page down)
F9	To display the Debtor Detail screen
F12	To cancel or return to the previous screen

VI. TOP PROCESS (FOOD STAMPS ONLY)

- A. EPICS creates the Letter of Overissuance to the debtor(s) for any Food Stamp claim(s) that has been substantiated and deemed that there is a balance owed back to the State. If the debtor makes payments as agreed upon or settles the account, no further action is taken. If the debtor does not make any payments or settles the account, the TOP process begins.
- B. EPICS creates a file to show all Food Stamp accounts that are eligible for intercept and submits them to TOP.

NOTE: If the county wishes to initially block an individual from being selected for intercept, they can set the TOP Intercept Ind field on the Debtor Detail screen to H, L, S, or X. Once this code has been removed, the debtor can be submitted for intercept if they meet the remaining requirements.

C. Eligibility Requirements

Must be a debtor on a claim.
TOP Intercept Ind field on the Debtor Detail screen is not currently set to H, L, S, or X by the county.
Referral Status must be in CO (Collections) or TE (Terminated)
Claim Type must be IPV, IHE, or AE
Claim debtor's total for a claim must be a minimum of \$25.00
Debtor must be 60 days delinquent – Delinquency is defined as making a 10% or \$25.00 (whichever is greater) cash payment of the total TOP eligible claim balances within the last 60 days.
Debtor must not have a recoupment in the past 60 days
Claim can not be greater than 10 years old (beginning from the date the Letter of Overissuance was issued) unless there is a Civil/Criminal Judgement date

- D. Debtor's TOP Intercept Indicator field is set to an A and the ADDRESS REQ date is updated indicating the Pre-Offset Address Request was submitted. This is done by a nightly update job. At this point the certification process has begun. TOP receives the file and processes for Tax Refund job.
 - 1. The ADDRESS REQ date field is updated with the date the TOP INTERCEPT IND is set to 'A'. This tracks the 181 days since the address request was submitted to TOP.
 - 2. The ADDRESS REQ date is protected and is removed when the system changes the TOP INTERCEPT IND from 'A' to 'B'.
 - 3. The date is removed if on the 181st day the TOP INTERCEPT IND is still 'A'. If all criteria are met, the system again requests an address. Once the address is requested from TOP, the ADDRESS REQ data is again populated and the TOP INTERCEPT IND is set from 'space' to 'A'.
 - 4. The ADDRESS REQ date remains if the worker changes the TOP INTERCEPT IND from 'A' to 'H', 'S', 'L', or 'X'.

5. If the ADDRESS REQ date is present and the date is less than 181 days from the date the TOP INTERCEPT IND was set to 'A', and the TOP INTERCEPT IND is currently 'H', 'S', 'L', or 'X', you may only change the indicator back to 'A' or the following error message is displayed:

'TOP INTERCEPT IND MUST BE 'A''

6. If the ADDRESS REQ date is present and the date is 181 days or greater from the date the TOP INTERCEPT IND was set to 'A', and the TOP INTERCEPT IND is currently 'H', 'S', 'L', or 'X', you may only change the indicator to 'space'. If an 'A' is entered, the following error message is displayed:

'TOP INTERCEPT IND 'A' NOT ALLOWED'

7. If the criteria are met, the system must request an address again. Once the address is requested from TOP, the ADDRESS REQ date is again populated and the TOP INTERCEPT IND is set from 'space' to 'A'.

E. TOP returns the results to EPICS.

F. EPICS sends a 60-Day Notice letter to the debtor(s). Debtor's TOP Intercept Indicator field is set to a B indicating the 60-Day Process has begun. This is done by a nightly update job. At this point H, L, S, or X **can not** be entered by the county to block the intercept.

NOTE: The county may enter an E code to stop the certification process from continuing. If the debtor fails to make payments as agreed, the code should be set back to a B code to continue with the certification process. In this situation, the debtor will not receive another 60-day notice.

G. Debtor can request an appeal by entering the code R or waive the appeal by entering the code W. This value is entered in the TOP Intercept Appeal Ind field on the Debtor Detail screen.

H. If the debtor waives the right to appeal or does not respond to the 60-Day Notice, the debtor's TOP Intercept Indicator field is set to a C indicating the claim is eligible for certification, providing the other eligibility requirements still apply. This is done by a batch job.

I. If the debtor request an appeal, certification processing is held until a decision has been made. It is very important that the county changes the code R once the appeal is ruled in favor of the county or the debtor and enters the correct code of Y or N. If the appeal is ruled in favor of the county, the debtor's Federal Tax Intercept Indicator field is set to a C indicating the claim is eligible for certification. This is done by a batch job.

J. Once the claim has been "certified" it remains on TOP files and can only be changed to an I or P value. An I value inactivates the claim on TOP files only – the claim is still active in EPICS unless closed or terminated. If necessary, the claim can be reactivated from this value.

- K. A 'P' value permanently closes the offset request due to paid up balance or closed on TOP's files. If this value is entered, the claim can NEVER be reactivated with TOP. This value can only be entered by State level users.
- L. After a debtor has reached Stage C Certification, Code D can be used to block a debtor from being intercepted if he has satisfied the 10% or \$25.00 rule of all TOP eligible claims or if he has been recouped. Once the debtor no longer meets the 10% or \$25.00 rule or recoupment status, the D automatically is reset to C by the system and the certification process continues.

M. SET OR UPDATE AN INTERCEPT INDICATOR FLAG

If a client should not be submitted for Federal Tax Intercept, due to a hearing or litigation status, the county can set a flag to block the initial processing of the intercept.

1. From the **MAIN MENU**, key the number 3 in the **Enter Option** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the F5 function The DEBTOR SUMMARY screen displays with a list of debtors.

NOTE: If there are numerous debtors for this claim, press the F8 function key to view the next screen of debtors. To go back to the previous screen of debtors, press the F7 function key.

5. In the **List** column, key a s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.
6. In the **TOP INTERCEPT IND** field, key the code that describes why the debtor should not be submitted for the initial processing of intercept.
7. To save and update the screen, press the **F9** function key.
8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

N. SET OR UPDATE AN APPEAL FLAG

When a client requests an appeal within the 60-day period, you must set the appeal flag. Likewise, when the appeal status has changed, you must update the appeal field.

1. From the **MAIN MENU**, key the number 3 in the **Enter Option** field and press **Enter**. The CLAIMS MENU displays.

2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the F5 function The DEBTOR SUMMARY screen displays with a list of debtors.

NOTE: If there are numerous debtors for this claim, press the F8 function key to view the next screen of debtors. To go back to the previous screen of debtors, press the F7 function key.

5. In the **List** column, key a s to the left of the debtor and press the **F9** function key or **Enter** to display the debtor's information. The DEBTOR DETAIL screen displays.
6. In the **TOP INTERCEPT APPEAL IND** field, key the code for the type of appeal the debtor is requesting or the updated status of the appeal.
7. To save and update the screen, press the **F9** function key.
8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

VII. DOR Process (FOOD STAMPS, MEDICAID, AND WORK FIRST)

- A. EPICS creates a file with the latest current balances that are eligible for intercept and submits them to DOR.

NOTE: If the NC Debt Setoff Indicator is space or 'Y' and the county wishes to initially block an individual from being selected for intercept, they can set the NC Debt Setoff field on the Debtor Detail screen to H, L, or S (the X code can only be entered by State Staff). Once this code has been removed, the debtor can be submitted for intercept if they meet the remaining requirements.

- B. Eligibility Requirements

Must be a debtor on a claim.
NC Debt SETOFF Ind field on the Debtor Detail screen is not currently set to H, L, S, or state staff by the county.
Referral Status must be in CO (Collections) or TE (Terminated and FS only)
Claim Type must be IPV or IHE
Claim Debtor must be delinquent
For FS only – Delinquency is defined as making a 10% or Cash Payment amount totals \$25.00 (whichever is greater) of the total DOR eligible claim balances within the last 60 days.
Debtor must not have a recoupment in the past 60 days (TANF and FS)
Claim Debtor's current balance for same program type must total a minimum for \$50.00

- C. Claim Debtor's NC Debt Setoff flag on the Debtor Detail screen is set to "Y" indicating that the individual was selected for setoff. This process is done automatically by a batch job.
- D. DOR receives the file and processes the Tax Refund job.
- E. DOR returns the results to EPICS by individual's SSN and the program(s) eligible for intercept.
- F. DHHS reconciles the funds and processes the eventual posting of payments.

NOTE: At this point, the debtor's money has been intercepted and is placed in a "holding place" until the process is complete. Any exemption codes entered will not stop the money from being taken, but will generate a refund once the process is complete.

- G. EPICS sends out a 30-day notice to the debtor. The debtor's NC Debt Setoff flag on the Debtor Detail screen is set to "D" indicating that the individual is in the 30-Day period process.
- H. All names that are in the 30-Day process appear on the NC Debt Setoff Pending Intercept (under Collections Menu).

NOTE: These names will remain on this list until the appeal complete, payment has been posted, or refund has been issued.

- I. The debtor now can waive the right to appeal or request an appeal.
 1. If the debtor waives the right to appeal, the payment is processed immediately.
 2. If the debtor requests an appeal, the county must set a flag to 'R', 'Y', or 'N' indicating the request. Once the county sets this flag, the payment process is on hold until a decision has been made. It is very important that the county remove this flag once the appeal is denied or ruled in favor of the debtor.

NOTE: If the debtor should not have been intercepted and is due a full refund (and a hearing is not warrant), the county can enter a code of 'D' or 'Y' to issue the refund (including interest and collection fees). This lets the system know to automatically issue a refund. For more specific details, please see procedures in the collections section.

3. If the debtor does not waive the right to appeal or request an appeal, payment is processed 35 days after the 30-Day Notice date.

VIII. MAINTAIN CLIENT

For a debtor that is not associated with a benefit case, EPICS provides a feature, *MAINTAIN CLIENT*, that allows you to define a debtor to a claim who is not defined in CNDS. Likewise, you have the capability to maintain the demographic information for the debtor in EPICS. The client demographic information is transferred and stored in CNDS. **You may access Maintain Client via Debtor Detail screen or Name List screen.**

Once updated in the legacy systems, EPICS is **not** permitted to update their demographics. Such updates would have to be done through the legacy system; **however, you may update the debtor's address and phone number.** You may access Maintain Client via Debtor detail screen or name list screen.

You cannot delete maintain client information. Only authorized personnel who have deletion rights may do so. Therefore, ensure accurate information is entered.

A. Maintain Client Field Descriptions

Field	Description	Required	System Generated	Optional
Individual ID	Unique ID assigned by EPICS for the new individual. This information is transferred and stored in CNDS		X	
Name	Individual's name	X		
SSN	Individual's social security number, even if zeroes	X		
DOB	Individual's date of birth	X		
Sex	Individual's sex	X		
Race	Individual's race may be up to 5 codes	X		
Ethnicity	Debtor's Ethnicity	X		
Language	Debtor's Language Preference	X		
Address	Individual's address	X		

Field	Description	Required	System Generated	Optional
Type	Code indicating the individual's address type		X	
County Code	3 digit number with the values from 000-100, indicating which county the individual resides	X		
Phone Number	Individual's phone number			X
Ext.	Individual's phone extension			X
Type	Code indicating the individual's phone type		X	

B. Maintain Client Function Keys

Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F6	To add the maintain client information (save)
F9	To update the maintain client information
F12	To cancel or return to the previous screen

C. Add New Client AS A Debtor

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the **F5** function key. The DEBTOR SUMMARY screen displays.
5. Press the **F9** function key. The DEBTOR DETAIL screen displays.
6. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.

NOTE: Initially, it is required for you to search for the individual via NAME SEARCH

7. Enter the client information and press **Enter**.

NOTE: The **NAME LIST** screen displays with a list of names matching the criteria entered. If you locate the individual in the NAME LIST, select the name and refer to procedures on adding an individual as a debtor.

8. Press the **F11** function key. The **MAINTAIN CLIENT** screen displays.

FR04 FRD0350	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM MAINTAIN CLIENT	08/24/2004 11:14:29
<p>INDIVIDUAL ID: 000000000 _</p> <p>NAME: _____</p> <p>SSN: _____</p> <p>DOB: 00/00/0000 SEX: _ RACE: _____ + ETHNICITY: _ + LANGUAGE: _ +</p> <p>ADDRESS: _____ TYPE: PHYS_</p> <p>_____ COUNTY CODE: ____ +</p> <p>PHONE NUMBER: _____ TYPE: HOME_</p> <p>_____ EXT: _____</p> <p>F1=HELP F2=CLEAR F3=EXIT F6=ADD F9=UPDATE F12=CANCEL</p>		

9. In the **NAME** field, enter the individual's full name.
10. In the **SSN** field, enter the individual's social security number. **If no SSN, enter zeroes.**
11. In the **DOB, SEX, RACE (up to 5 codes), Ethnicity, and Language** fields, key the individual's appropriate information.
12. In the **ADDRESS** field, key the individual's address.

NOTE: If the address is unknown, enter the following for the client's address:

EPICS – as the street name

Unknown, NC 11111– as the City, State, and Zip Code

13. In the **COUNTY CODE** field, key the individual's county number.
14. In the **PHONE NUMBER** field, key the individuals phone number, if known.
15. Press the **F6** function key. EPICS assigns the new individual ID to the debtor and the number is subsequently stored in CNDS.
16. Press the F12 function key. The NAME LIST screen displays.

17. In the S column, select the individual from the list and press Enter. The DEBTOR DETAIL screen displays.
18. To add the individual as a debtor, press the F6 function key.
19. To exit and return to the MAIN MENU, press the F3 function key. The MAIN MENU displays.

D. Update/Maintain Client Information

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIM DETAIL screen displays.
3. In the **REFERRAL ID** field, key the referral ID and press **Enter**. The claim information displays.
4. Press the **F5** function key. The DEBTOR SUMMARY screen displays.
5. Key an S in the selection field to the left of the debtor (that you need to update) and press the **F9** function key or **Enter**. The DEBTOR DETAIL screen displays.
6. Press the **F11** function key. The MAINTAIN CLIENT screen displays.
7. Update the **ADDRESS** or **PHONE NUMBER** fields.
8. To save the update, press the **F9** function key.
9. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

or

To return to the **DEBTOR DETAIL** screen, press the **F12** function key.

IX. REPAYMENT APPROACH

Each debtor is responsible for repayment of the debt. It is the responsibility of the investigator to attempt and negotiate a repayment agreement with the debtor. It is required that the repayment agreement information (e.g. amount of each payment, frequency, first payment due and payment method) be recorded in EPICS via the *Repayment Approach* screen. EPICS utilizes this information to identify those debtors who are delinquent.

If a debtor becomes delinquent (e.g. neglects to pay a scheduled payment) he/she is subject to tax intercept, unless the recoupment is made against his/her existing benefits. However, if the debtor realized he/she missed the payment and repaid the payment in the next scheduled installment, he/she is removed from the delinquency list and is not subject to tax intercept.

For Food Stamps and Work First, if a claim results in a criminal court hearing and the client is receiving benefits, recoupment cannot be automatically established unless the judge issues the court order for recoupment. This date should be entered in the Criminal Judgement Date field on the Claim Detail Screen. The investigator **must** set the Payment Method to "R" for EPICS to process the recoupment. If the Claim Type (located on the Debtor Detail screen) is set to IPV and the Substantiation Method is equal to S, A, or D, the investigator **must** set the Payment Method to "R" for EPICS to process the recoupment.

If the investigator is unsuccessful in obtaining a signed agreement with the debtor, the investigator can pursue involuntary means of obtaining the funds from the debtor. However, it is required to document the involuntary means in EPICS, as well, via the REPAYMENT APPROACH screen.

EPICS allows multiple debtors to be attached to a claim. You must enter a repayment approach for each debtor attached to a claim.

A. Repayment Approach Field Descriptions

Field	Description	Required	System Generated	Optional
Referral ID	10 digit number generated by the system upon creation of a referral	X		
Referral Type	1 character code that identifies the type of referral		X	
Referral Status	Current status the referral is in			
Debtor Name	Full name of the debtor (first name, last name and middle initial)		X	
Ind. ID	Unique 10 character number of the debtor provided by CNDS	X		
SSN	Debtor's social security number		X	
DOB	Debtor's date of birth		X	
Sex	Debtor's sex		X	
County	3 digit number with the value from 000-100, representing the issuing county in which the overpayment took place		X	
Program	Code that identifies the benefits program to which the referral applies		X	
Case ID	Program Case ID associated with referral		X	

Field	Description	Required	System Generated	Optional
County Case #	County case number associated with the referral		X	
Referral Date	Date the referral was received		X	
Investigator ID	ID of the investigator assigned to the referral		X	
Overpayment Begin Date	10 character date (MM/DD/YYYY) of the start date for the fraud	X		
Overpayment End Date	10 character date (MM/DD/YYYY) of the end date for the fraud	X		
Initial Balance Due	Up to 9 character amount of the overpayment		X	
Date Entered	10 character date the repayment agreement is entered in EPICS		X	
Payment Amount	Up to 9 characters; debtor's monthly payment	X		

Field	Description	Required	System Generated	Optional
Frequency	1 character code representing how often the debtor is expected to make payments	X		
Number of Payments	Up to 3 characters; represents the total number of payments required by the debtor to pay off the balance of the claim		X	
Payment Method	Up to 4 characters; method by which the debtor will use to make a payment	X		
1st Payment Due Date	10 character date (MM/DD/YYYY) when the debtor's first payment is due	X		
Repayment Agreement	1 character code (Y or N) indicating that the repayment agreement has/not been signed	X		
Date Signed	10 character date (MM/DD/YYYY) required when the repayment agreement was signed (Defaults to current date)	X		

B. Repayment Approach Function Keys

Function Key	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F9	To add/update a repayment agreement information
F12	To cancel or return to the previous screen

C. Enter Repayment Approach Information For A Debtor

You can access the **REPAYMENT APPROACH** screen from the **CLAIMS MENU** or the **DEBTOR DETAIL** screen.

- If you are entering from the **CLAIMS MENU**, key the number 4 in the **ENTER OPTION** field and press **ENTER**. The Repayment Screen displays.

or

If you are entering from the **DEBTOR DETAIL** screen, press the **F5** function key. The **REPAYMENT APPROACH** screen displays.

FR31 FRD0310	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM REPAYMENT APPROACH	08/24/2004 11:22:31
REFERRAL ID: _____ REFERRAL TYPE: _ REFERRAL STATUS: __ DEBTOR NAME: _____ IND. ID: _____ SSN: _____ DOB: _____ SEX: _		
COUNTY: _____ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____ REFERRAL DATE: _____ INVESTIGATOR ID: _____		
OVERPAYMENT BEGIN DATE OVERPAYMENT END DATE _____ _____ _____		
INITIAL BALANCE DUE: 0.00 _____ DATE ENTERED: 08/24/2004		
PAYMENT AMOUNT: 0.00 _____ FREQUENCY: _ + NUMBER OF PAYMENTS: ____ PAYMENT METHOD: _____ + 1ST PAYMENT DUE DATE: _____ REPAYMENT AGREEMENT?: _ DATE SIGNED: _____		
F1=HELP F2=CLEAR F3=EXIT F4=LIST F9=UPDATE F12=CANCEL		

- In the **REFERRAL ID** field, key the referral number of the individual you need to add a repayment and press the **Tab** key.

3. In the **INDIVIDUAL ID** field, key the ID of the debtor you need to add a repayment agreement against and press Enter.
4. In the **PAYMENT AMOUNT** field, key the amount the debtor will pay each time a payment is made.
5. In the **FREQUENCY** field, key a frequency code, indicating how often the debtor will make payments.
6. In the **PAYMENT METHOD** field, key a method by which the debtor will pay.
7. In the 1st **PAYMENT DUE DATE** field, key the date the debtor's first payment is due.
8. In the **REPAYMENT AGREEMENT** field, key an Y (yes) or N (no), whether a Repayment Agreement has been signed with the debtor.

NOTE: If the repayment agreement has been signed and you keyed Y in the REPAYMENT AGREEMENT field, key a date in the DATE SIGNED field, indicating when the debtor signed the actual repayment agreement.

9. To update the repayment agreement information, press the F9 function key.

NOTE: The NUMBER OF PAYMENTS field is calculated automatically.

10. To exit and return to the MAIN MENU, press the F3 function key. The MAIN MENU displays.

D. Update Repayment Approach Information

1. If you are entering from the **CLAIMS MENU**, key the number 4 in the **ENTER OPTION** field and press **Enter**.

or

If you are entering from the **DEBTOR DETAIL** screen, press the **F5** function key. The REPAYMENT APPROACH screen displays along with the debtor's current repayment agreement.

2. In the REFERRAL ID field, key the referral number that is associated to the claim and press **Tab**.

NOTE: If you do not know the code or value for a field, you can use the **F4** key, which will display a list of codes or values for selection. This field attribute is *not* available for all fields, but only those fields that contain a + (plus sign) to the right of the field. For claim code information, see **APPENDIX B**.

3. In the **INDIVIDUAL ID** field, key the debtor ID and press **Enter**. The repayment approach agreement information displays.
4. Make the necessary modifications.
5. To save the updates, press the **F9** function key.
6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

X. EPICS HISTORY BY CASE HEAD

The *EPICS HISTORY by Case Head* feature provides you with a means of viewing all referrals associated with a specific individual ID for a particular Case Head. Utilizing this feature enables you to quickly access and verify an individual's list of referrals.

This screen is Read-Only.

A. EPICS History By Case Head Field Descriptions

Field	Description	Required	System Generated	Optional
Individual ID	Unique ID associated to the case head payee of the referral	X		
Name	Last name, first name and middle initial of the case head payee		X	
SSN	Case head payee's social security number		X	
DOB	Case head payee's date of birth		X	
Sex	Case head payee's sex		X	
S	The selection field for viewing the details for a specified referral			X
Referral ID	10 digit number generated by the system upon creation of a referral		X	

Field	Description	Required	System Generated	Optional
ST	The current status of the referral		X	
Date	Date the referral was received		X	
Prog	Benefit program that the individual is currently receiving benefits		X	
OP Amount	Actual amount of overpayment against the claim		X	
Op Period from	Actual beginning date of the overpayment		X	
Op Period To	Actual ending date of the overpayment		X	
Balance	Current balance of the claim		X	
CAT	Code indicating the claim type		X	

B. EPICS History By Case Head Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (Page Down)
F8	To display the next screen (Page Up)
F12	To cancel or return to the previous screen

C. View List Of Referrals For A Case Head By Individual ID

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 1 in the **ENTER OPTION** field and press **Enter**. The EPICS HISTORY by Case Head screen displays.


```

FR33          NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  08/24/2004
FRD0330          EPICS HISTORY  11:24:53
                  BY CASE HEAD

INDIVIDUAL ID _____ +
NAME: _____
SSN: _____ DOB: _____ SEX: _

REFERRAL          OP  ----- OP PERIOD -----
S  ID  ST  DATE  PROG  AMOUNT  FROM      TO      BALANCE  CAT
-
-
-
-
-
-
-
F1=HELP F3=EXIT F4=LIST F7=PREV F8=NEXT F12=CANCEL
  
```

3. In the INDIVIDUAL ID field, key the ID and press Enter. The referral information displays.
4. View the list of information.

NOTE: You may need to view multiple screens of referral history. To view the next screen of referral history, press the **F8** function key. Press the **F7** function key to display the previous screen of referral history.
5. Key an **S** in the selection field to the left of the Referral ID to view the Claim Detail screen of a particular referral. Press the F12 function key to return back to the EPICS History by Debtor screen.
6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

XI. EPICS HISTORY BY DEBTOR

The *EPICS HISTORY by Debtor* feature provides you with a means of viewing all referrals associated with a specific individual ID for a particular Debtor. Utilizing this feature enables you to quickly access and verify an individual's list of referrals.

This screen is Read-Only.

A. EPICS History By Debtor Field Descriptions

Field	Description	Required	System Generated	Optional
Individual ID	Unique ID associated to the debtor of the referral	X		
Name	Last name, first name and middle initial of the debtor		X	
SSN	Debtor's social security number		X	
DOB	Debtor's date of birth		X	
Sex	Debtor's sex		X	
S	The selection field for viewing the details for a specified referral			X
Referral ID	10 digit number generated by the system upon creation of a referral		X	
ST	The current status of the referral		X	

Field	Description	Required	System Generated	Optional
Date	Date the referral was received		X	
Prog	Benefit program that the individual is currently receiving benefits		X	
OP Amount	Actual amount of overpayment against the claim		X	
Op Period from	Actual beginning date of the overpayment		X	
Op Period To	Actual ending date of the overpayment		X	
Balance	Current balance of the claim		X	
CAT	Code indicating the claim type		X	

B. History By Debtor Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen (Page Down)
F8	To display the next screen (Page Up)
F12	To cancel or return to the previous screen

C. View List Of Referrals For A Debtor By Individual ID

1. From the **MAIN MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CLAIMS MENU displays.
2. From the **CLAIMS MENU**, key the number 2 in the **ENTER OPTION** field and press **Enter**. The EPICS HISTORY by Debtor screen displays.

XII. UTILIZING F4

If you do not know the code or value for a field, you can use the *F4* function key, which will display a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

To Enter Field Details Using F4

- A. In the field that contains a + (plus sign) to the right of the field, key = (equal sign) and press the **F4** function key. The specific code list screen displays.
- B. To select a code or value, tab to the appropriate code/value in the **S** column and key s.
- C. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
- D. Continue entering or updating the screen details.

XIII. NAME SEARCH

If you do not know the Individual ID of a person, you may use the Name Search feature

The Name Search feature is available on **any** screen where the Individual ID field has a plus sign to the right of it. Using this feature allows you to search for an individual when you only have a Social Security Number, Case ID, or Name, Sex, and DOB of a person.

A. Name Search Function Key Descriptions

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To clear the search criteria fields
F11	To display the Maintain Client screen
F12	To return to the previous screen

B. Search An Individual ID Using The Name Search Function

1. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.
2. Select a search method and key the appropriate information in the field(s).
3. To initiate the search, press **Enter**. The Name List screen displays with all records that match your search criteria.
4. In the **Sel** column, key an S in the field next to the appropriate individual and press **Enter**. The previous screen displays with the data from the search.
5. Continue entering or updating the screen details.

104 – COLLECTIONS

Change #1-2005

March 1, 2005

I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:

- The Collections Menu function options;
- The Collections Menu function keys;
- The Payments field descriptions;
- The Payments function keys;
- Adding a payment by referral ID;
- Adding a payment by individual ID;
- Displaying a payment;
- Entering a Compromised Amount (FS Only);
- Undoing a Compromised Amount (FS Only);
- Increasing the Current Balance;
- Decreasing the Current Balance;
- Applying a payment/adjustment;
- The Payment History By Referral field description;
- The Payment History By Referral function keys;
- Displaying a list of payment history by referral;
- Viewing payment details (Payment History By Referral);
- The Payment History By Individual field descrip;
- The Payment History By Individual function keys;
- Displaying a list of Payment History By Individual;
- Viewing payment Details (Payment History By Individual);
- The NC Debt Setoff Pending function keys;
- Setting or Updating a DOR appeal flag;

- Setting DOR O appeal flag;
- TOP Payments Online Posting/Correction/Refund/Reversal
- Entering field details using F4 key;
- Searching for an individual ID.
- EIS Recoupment Process
- FSIS Recoupment Process

II. COLLECTIONS MENU

A. Collections Menu Options

OPTION	DESCRIPTION
1. Payments/Adjustments/Reversals	To enter payments or adjustments
2. Payment History by Referral	To view payment history by referral
3. Payment History by Individual	To view payment history by individual
4. NC Debt Setoff Pending Intercept	To view, apply and update pending NC tax intercepts

B. Collections Menu Function Keys

KEY	DESCRIPTION
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu

III. PAYMENTS

Payments can be received from many sources, such as the individual, Recoupments, Tax Intercept, etc. It is required that these payments be recorded and maintained in EPICS. The *PAYMENTS* screen provides the investigator or collector with a means for entering payments and updating claim balances.

A. Payments Field Descriptions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
Referral ID	10 digit number generated by the system upon creation of a referral	X		
Debtor Individual ID	Unique ID associated with the debtor supplied by CNDS	X		
NAME	Last name, first name and middle initial of the debtor		X	
SSN	Debtor s social security number		X	
DOB	Debtor s date of birth		X	
SEX	Debtor s sex		X	
COUNTY	3 digit number between the values of 000-100 representing the issuing county in which the overpayment took place		X	
PROGRAM	Up to 4 character code that identifies the benefits program to which the referral applies		X	
CASE ID	Program Case ID associated with referral		X	
COUNTY CASE #	County case number associated with the referral		X	

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
TYPE OF CLAIM	Up to 4 character code that identifies the type of claim		X	
OP/OI BALANCE	Up to 9 character; the current balance of the claim		X	
OVERPAYMENT PERIOD	Start and ending date of the overpayment		X	
METHOD OF COLLECTION	Up to 15 characters; identifies the means in which the money is collected	X		
OVERCOLLECTION AMOUNT	Up to 9 characters; amount of overcollection made to the payment generally a refund.		X	
PAYOR NAME	Up to 30 characters; name of the debtor making the payment (Defaults to the Case head payee on the referral unless changed)	X		
PAYMENT AMOUNT	Up to 9 characters; amount of payment made against the claim	X		
AMT APPLIED	Up to 9 characters; amount of payment applied to claim		X	
CHECK NUMBER	Up to 5 characters; number of check if the client is paying by check			X

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
DATE RECEIVED	10 character (MM/DD/YYYY) date the payment was posted- defaults to the current date	X		
RECEIPT #	10 character receipt number		X	
COLLECTOR	County Worker number of the person signed in posting the payment.		X	
CREATE DATE	10 character (MM/DD/YYYY) date the payment was actually entered into the system		X	
COMMENTS	Up to 80 characters; textual description about the payment			X

B. Payment Function Keys

KEY	DESCRIPTION
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F6	To add the payment (save)
F7	To display a payment
F8	To enter a payment correction
F12	To cancel or return to the previous screen

C. Payment By Referral ID Or Individual ID

A collector can add a payment by applying it to a specific referral. There may be multiple debtors assigned to a particular referral. Always ensure you are posting the payment to the correct debtor.

If multiple debtors, i.e. husband and wife, are paying on a **specific** referral, they should be posted by Referral ID versus Debtor Individual ID. This ensures the entire payment(s) is credited on a specific referral.

1. To add a payment by referral ID
 - a. From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The COLLECTIONS MENU displays.
 - b. In the **ENTER OPTION** field, key the number 1 and press **Enter**. The PAYMENTS screen displays.

FR39	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	02/24/2004
FRD0390	PAYMENTS	10:46:54
REFERRAL ID: _____ + DEBTOR INDIVIDUAL ID: _____ +		
NAME: _____		
SSN: _____	DOB: _____	SEX: _____
COUNTY: _____	PROGRAM: _____	CASE ID: _____ COUNTY CASE #: _____
TYPE OF CLAIM: _____ OVER		
OP/OI BALANCE: _____	COLLECTION: _____	OVERPAYMENT PERIOD: _____
METHOD OF COLLECTION: _____ +	CYCLE NUM: _____	00/00/0000 00/00/0000
PAYOR NAME: _____ +		00/00/0000 00/00/0000
PAYMENT AMOUNT: _____	AMT APPLIED: _____	00/00/0000 00/00/0000
CHECK NUMBER: _____		00/00/0000 00/00/0000
DATE RECEIVED: _____	RECEIPT #: _____	
COLLECTOR: _____		CREATE DATE: _____
PAYMENT COMMENT: _____		

F2= CLEAR F3= EXIT F4= LIST F6= ADD F7= DISPLAY F8= CORRECTION F12= CANCEL		

NOTE: If you do not know the code or value for a field, you may use the = and **F4** key to display a list of codes or values for the selection. This field attribute is only available on those fields that contain a + (plus sign) to the right of the field.

- c. In the **REFERRAL ID** field, key the ID and press **Enter**. The referral displays.
- d. In the **METHOD OF COLLECTION** field, key the collection method.

 You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an S under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **METHOD OF COLLECTION** field.
- e. In the **PAYOR NAME** field, verify payor s name. If necessary, select a different payor.

NOTE: The **PAYOR NAME** field defaults to the case head payee name. If the case head payee is not making the payment, change the name to the appropriate payor. To accomplish this, enter = and press the F4 function key to select the appropriate debtor.

- f. In the **PAYMENT AMOUNT** field, key the dollar amount of the payment.
- g. In the **DATE RECEIVED** field, key the date the payment was received.

NOTE: The **DATE RECEIVED** field defaults to today's date unless changed.

- h. In the **PAYMENTS COMMENTS** field, enter a description of the payment, if necessary.
- i. To add/save the payment, press the **F6** function key.

NOTE: The **RECEIPT NUMBER** field is system generated upon adding the payment and the **OP/OI BALANCE** field reflects the new balance.

If another payment needs to be posted to the same referral, press the F2 function key to clear the screen and repeat above steps. Continue this process until all payments for the specific referral have been posted.

- j. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

2. To add a payment by Individual ID

A collector can apply a payment to an individual ID. If more than one referral is associated to the individual ID, EPICS distributes the money among all referrals for that individual ID.

If a single program is tied to the Individual ID, all moneys are applied to the oldest claim first. If multiple programs are tied to the Individual ID, the moneys are divided amongst all programs paying on the oldest claim first.

NOTE: If the method of collection is **STATE TAX INTERCEPT**, it is required to apply the payment by debtor individual ID.

- a. From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The COLLECTIONS MENU displays.
- b. In the **ENTER OPTION** field, key the number 1 and press **Enter**. The PAYMENTS screen displays.

NOTE: If you do not know the code or value for a field, you can use the = and **F4** keys to display a list of codes or values for the selection. This field attribute is only available on those fields that contain a + (plus sign) to the right of the field.

FR39	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	02/24/2004
FRD0390	PAYMENTS	10:46:54
REFERRAL ID: _____ + DEBTOR INDIVIDUAL ID: _____ +		
NAME: _____		
SSN: _____	DOB: _____	SEX: _____
COUNTY: _____	PROGRAM: _____	CASE ID: _____ COUNTY CASE #: _____
TYPE OF CLAIM: _____ OVER		
OP/OI BALANCE: _____	COLLECTION: _____	OVERPAYMENT PERIOD: _____
METHOD OF COLLECTION: _____ +	CYCLE NUM: _____	00/00/0000 00/00/0000
PAYOR NAME: _____ +		00/00/0000 00/00/0000
PAYMENT AMOUNT: _____	AMT APPLIED: _____	00/00/0000 00/00/0000
CHECK NUMBER: _____		00/00/0000 00/00/0000
DATE RECEIVED: _____	RECEIPT #: _____	
COLLECTOR: _____ CREATE DATE: _____		
PAYMENT COMMENT: _____		

F2=CLEAR F3=EXIT F4=LIST F8=ADD F7=DISPLAY F8=CORRECTION F12=CANCEL		

NOTE: If you do not know the code or value for a field, you can use the = and **F4** keys to display a list of codes or values for the selection. This field attribute is only available on those fields that contain a + (plus sign) to the right of the field.

- c. In the **DEBTOR INDIVIDUAL ID** field, key the debtor ID and press **Enter**. The debtor information displays.
- d. In the **METHOD OF COLLECTION** field, key the collection method.

You may use the equal (=) key and F4 key to obtain the list of codes. From the list of codes, enter an S under the SELECT column by the appropriate code. Press ENTER. The code selected is brought forward to the **METHOD OF COLLECTION** field.

NOTE: If the payment is a cash payment or recoupment, and all open claims (in CO status) are associated to the same program, the payment is applied to the oldest claim first. If the payment is cash and all open claims (in CO status) are associated to different programs, the payment is equally divided amongst each of the programs, paying on the oldest claim first.

e. In the **PAYMENT AMOUNT** field, key the dollar amount of the payment.

f. In the **DATE RECEIVED** field, key the date the payment was received.

NOTE: The **DATE RECEIVED** field defaults to today's date unless changed.

g. If necessary, enter data in the optional fields.

h. To add/save the payment, press the **F6** function key.

NOTE: The **RECEIPT NUMBER** field is system generated upon adding the payment.

i. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

D. Display a Payment By Receipt Number

1. From the **MAIN MENU**, key the number 4 in the Enter Option field and press **Enter**. The COLLECTIONS MENU displays.

2. In the **ENTER OPTION** field, key the number 1 and press **Enter**. The PAYMENTS screen displays.

3. In the **RECEIPT #** field, key the number and press Enter or the F7 function key. The payment displays.

NOTE: Multiple payments tied to one receipt can not be displayed using the Payment screen. The error message, MULTIPLE REFERRALS FOR RECEIPT #. GO TO PAYMENT HISTORY BY REF/IND is displayed.

4. To exit and return to the **MAIN MENU**, press the F3 function key. The MAIN MENU displays.

E. Compromised Amounts (FS ONLY)

1. To enter a Compromised Amount (*FS Only*)

There are times when the overpayment and current balance originally entered into EPICS on the Claim Detail screen is different, due to a negotiation or judgement and needs to be adjusted. Entering a compromised amount does this.

When you enter a compromised amount, the current balance will subtract the amount entered to reflect the change, i.e., original overpayment and current balance was \$250.00.

You enter a compromised amount of \$100.00. Your Current Balance field now reflects a balance of \$150.00, providing no payments have been made.

The Overpayment Amount field automatically changes. This field is unprotected and can be changed by the end-user.

- a. From the **MAIN MENU**, key the number 4 in the Enter Option field and press Enter. The COLLECTIONS MENU displays.
- b. In the **ENTER OPTION** field, key the number 1 and press Enter. The PAYMENTS screen displays.
- c. In the **REFERRAL ID** field, key the ID and press Enter. The referral displays.
- d. In the **METHOD OF COLLECTION** field, key the code AJCA, Adjustment Compromised Amount.
- e. In the **PAYOR NAME** field, verify payor s name. If necessary, select a different payor.

NOTE: The **PAYOR NAME** field defaults to the case head payee name.

- f. In the **PAYMENT AMOUNT** field, key the dollar amount of the compromise.
- g. In the **DATE RECEIVED** field, key the date of the compromise.

NOTE: The **DATE RECEIVED** field defaults to today s date unless changed.

- h. In the **PAYMENTS COMMENTS** field, enter a description of the compromise, if necessary.
- i. To add/save the compromise, press the F6 function key.

NOTE: The **RECEIPT NUMBER** field is system generated upon adding the compromise and the **OP/OI BALANCE** field reflects the new balance.

- j. To exit and return to the MAIN MENU, press the F3 function key. The MAIN MENU displays.

2. To undo a Compromised Amount (FS Only)

Once a Compromised Amount has been entered, the field becomes protected and must be adjusted through the payment screen.

You may need to adjust the amount for reasons such as, entered in error.

You **cannot** enter a dollar amount for undoing a compromised amount. The system will automatically adjust (add back) the exact dollar amount of the compromised amount, to the current balance.

- a. From the **MAIN MENU**, key the number 4 in the Enter Option field and press Enter. The **COLLECTIONS MENU** displays.
- b. In the **ENTER OPTION** field, key the number 1 and press Enter. The PAYMENTS screen displays.
- c. In the **REFERRAL ID** field, key the ID and press Enter. The referral displays.
- d. In the **METHOD OF COLLECTION** field, key the code AJUC, Adjustment Uncompromised Amount.
- e. In the **PAYOR NAME** field, verify payor s name. If necessary, select a different payor.

NOTE: The **PAYOR NAME** field defaults to the case head payee name.

- f. In the **DATE RECEIVED** field, key the date of the compromise.

NOTE: The **DATE RECEIVED** field defaults to today s date unless changed.

- g. In the **PAYMENTS COMMENTS** field, enter a description of undoing compromise, if necessary.
- h. To add/save the adjustment, press the F6 function key.

NOTE: The **RECEIPT NUMBER** field is system generated upon undoing the compromise and the **OP/OI BALANCE** field reflects the new balance.

- i. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

F. Increase Current Balance (STATE LEVEL ACCESS ONLY)

The **CURRENT BALANCE** can only be increased by State staff. The error message: **'INSUFFICIENT AUTHORIZATION – RESTRICTED TO STATE PI STAFF ONLY. CONTACT STATE PI.'** is displayed should you attempt to adjust the **CURRENT BALANCE**.

If an adjustment is needed to increase the Current Balance, the county must fax the request to:

For AFDC and Work First Claims

Family Support and Child Welfare Services section at 919-715-6714.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Increase of Balance
- e. Correct Balance Amount
- f. Signature of Supervisor

For Medicaid Claims:

DMA Program Integrity staff at 919-715-7706.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Increase of Balance
- e. Correct Balance Amount
- f. Signature of Supervisor

For Food Stamp Claims:

FAEP Program Integrity staff at 919-733-0645.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Increase of Balance
- e. Correct Balance Amount
- f. Signature of Supervisor

1. From the **MAIN MENU**, key the number 4 in the Enter Option field and press Enter. The COLLECTIONS MENU displays.
2. In the **ENTER OPTION** field, key the number 1 and press Enter. The PAYMENTS screen displays.
3. In the **REFERRAL ID** field, key the ID and press Enter. The referral displays.
4. In the **METHOD OF COLLECTION** field, key the code AJCI, Adjustment Increase Current Balance.

5. In the **PAYOR NAME** field, verify payor s name. If necessary, select a different payor.

NOTE: The **PAYOR NAME** field defaults to the case head payee name.
6. In the **PAYMENT AMOUNT** field, key the dollar amount of the increase to be made to the current balance.

NOTE: The overpayment field can never be less than the current balance field. If this occurs, you must adjust the overpayment field prior to adjusting the current balance field.
7. In the **DATE RECEIVED** field, key the date of the increase.

NOTE: The **DATE RECEIVED** field defaults to today s date unless changed.
8. In the **PAYMENTS COMMENTS** field, enter a description of the increase, if necessary.
9. To add/save the increase, press the F6 function key.
10. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

G. To Decrease The Current Balance (STATE LEVEL ACCESS ONLY)

The **CURRENT BALANCE** can only be decreased by State staff. The error message: **'INSUFFICIENT AUTHORIZATION – RESTRICTED TO STATE PI STAFF ONLY. CONTACT STATE PI.'** is displayed should you attempt to adjust the **CURRENT BALANCE**.

If an adjustment is needed to decrease the Current Balance, fax the request to:

For AFDC and Work First Claims:

Family Support and Child Welfare Services section at
919-715-6714.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Increase of Balance
- e. Correct Balance Amount
- f. Signature of Supervisor

For Medicaid Claims:

DMA Program Integrity staff at 919-715-7706.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Increase of Balance
- e. Correct Balance Amount
- f. Signature of Supervisor

For Food Stamp Claims:

FAEP Program Integrity staff at 919-733-0645.

Include on the fax request:

- a.. Casehead Name
- b. Referral ID
- c. Debtor Individual ID
- d. Reason for Increase of Balance
- e. Correct Balance Amount
- f. Signature of Supervisor

1. From the **MAIN MENU**, key the number 4 in the Enter Option field and press Enter. The COLLECTIONS MENU displays.
2. In the **ENTER OPTION** field, key the number 1 and press Enter. The PAYMENTS screen displays.
3. In the **REFERRAL ID** field, key the ID and press Enter. The referral displays.
4. In the **METHOD OF COLLECTION** field, key the code AJCD, Adjustment Decrease Current Balance.
5. In the **PAYOR NAME** field, verify payor s name. If necessary, select a different payor.

NOTE: The **PAYOR NAME** field defaults to the case head payee name.

6. In the **PAYMENT AMOUNT** field, key the dollar amount of the decrease to be made to the current balance.

NOTE: The overpayment field can never be less than the current balance field. If this occurs, you must adjust the overpayment field prior to adjusting the current balance field.

7. In the **DATE RECEIVED** field, key the date of the decrease.

NOTE: The **DATE RECEIVED** field defaults to today s date unless changed.
8. In the **PAYMENTS COMMENTS** field, enter a description of the decrease, if necessary.
9. To add/save the decrease, press the F6 function key.
10. To exit and return to the **MAIN MENU**, press the F3 function key. The **MAIN MENU** displays.

IV. PAYMENT/ADJUSTMENTS

Corrections to payments that were entered in error are known as *PAYMENT/ADJUSTMENTS*. The *DOR REVERSALS* are corrections mandated by DOR due to an error in the tax intercept process or a change in tax status. These funds are returned to the client debtor.

The *PAYMENT CORRECTION* screen is utilized to correct a payment. In order for a correction to a payment to be made, the system defaults to enter the **entire** incorrect amount back to the account. The person entering the payments must then enter a new payment for the correct amount. For example, if you entered a \$500.00 payment, and the amount should have been \$50.00, you would have to make a payment correction for the \$500.00 (which will make the balance increase) and make separate, new payment of \$50.00 (which will make the balance decrease).

EPICS does not allow payment corrections for an AFDC claim outside of the current month because AFDC is no longer a valid funding source.

To apply a payment/adjustment

- A. From the **MAIN MENU**, key the number 4 in the Enter Option field and press Enter. The **COLLECTIONS MENU** displays.
- B. In the **ENTER OPTION** field, key the number 1 and press Enter. The **PAYMENTS** screen displays.

NOTE: If you do not know the code or value for a field, you can use the **F4** key, which displays a list of codes or values for selection. This field attribute is only available on those fields that contain a + (plus sign) to the right of the field.

- C. In the **REFERRAL ID** field, key the ID and press Enter. The referral information displays.

Or

In the **DEBTOR INDIVIDUAL ID** field, key the ID and press Enter. The debtor information displays.

- D. In the **Receipt #** field, key the number and press Enter. The payment displays.
- E. Press the **F8** function key. The **PAYMENT CORRECTIONS** screen displays.

FR39	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM
06/29/2004	
FRD0391	PAYMENT CORRECTION
12:01:52	
ORIGINAL	
RECEIPT #:	_____
DATE RECEIVED:	_____
PAYMENT AMOUNT:	_____
METHOD OF COLLECTION:	_____
PAYOR NAME:	_____
CORRECTION METHOD OF COLLECTION: ADJ	RECEIPT #: 0000000000
PAYMENT AMOUNT:	_____
CORRECTION DATE:	_____
PAYMENT COMMENT:	
PAYMENT CORRECTION FOR RECEIPT = 0000406018 _____	

F3=EXIT F6=ADD F12=CANCEL	

- F. In the **CORRECTION DATE** field, change the date if necessary.
- G. In the **PAYMENT COMMENT** field, enter a description, if necessary.
- H. To add/save the payment, press the F6 function key.

NOTE: The **Receipt #** is system generated. The **Comments** field is system generated with the description: Payment reversal for receipt (the original receipt number).

- I. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

or

To return to the **PAYMENTS** screen and apply a new payment, press the **F12** function key. The PAYMENTS screen displays.

NOTE: Prior to applying a new payment, press the **F2** function key to clear the screen.

V. PAYMENT HISTORY BY REFERRAL

You can view a list of historical payment information (e.g. payment dates, payment amounts and ending balances) for a specified referral via the *PAYMENT HISTORY BY REFERRAL* screen.

A. Payment History By Referral Field Descriptions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
REFERRAL ID	10 digit number generated by the system upon creation of a referral	X		
NAME	Last name, first name and middle initial of the case head payee		X	
IND ID	Unique ID associated with the case head payee supplied by CNDS		X	
SSN	Case head payee s social security number		X	
DOB	Case head payee s date of birth		X	
SEX	Case head payee s sex		X	
COUNTY	3 digit number from 000-100 representing the county the debtor is currently assigned to for the referral			
PROGRAM	Code that identifies the benefits program to which the referral applies		X	
CASE ID	Program Case ID associated with referral		X	
COUNTY CASE #	County case number associated with the referral		X	
CURRENT BALANCE	Current balance of the claim		X	

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
ORIGINAL OP/OI BALANCE	Original overpayment or overissuance amount of the claim		X	
S	1 character code used to select a referral for viewing			X
CREATE DT	Date the payment was made against the claim		X	
RECEIVE DT	Amount of the payment made against the claim		X	
AMOUNT RECEIVED	Total dollar amount received for payment this amount may be different than amount applied		X	
AMOUNT APPLIED	Total dollar amount applied to towards the payment this amount may be different than amount received		X	
METH	Means by which the money is collected		X	
WRKR	The worker number for the individual entering the payment		X	
OVERCOLLECTION	Difference between amount received and amount applied this is generally a refund.		X	

B. Payment History By Referral Function Keys

KEY	DESCRIPTION
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen
F8	To display the next screen
F12	To cancel or return to previous screen

C. Display A List Of Payment History By Referral

1. From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The COLLECTIONS MENU displays.
2. In the **ENTER OPTION** field, key the number 2 and press **Enter**. The PAYMENT HISTORY BY REFERRAL screen displays.

FR43 FRD0430	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM PAYMENT HISTORY BY REFERRAL	08/24/2004 11:33:14
REFERRAL ID _____ + More:		
NAME: _____		
IND. ID: _____ SSN: _____ DOB: _____ SEX: _____		
COUNTY: _____ PROGRAM: _____ CASE ID: _____ COUNTY CASE #: _____		
CURRENT BALANCE: _____ \$0.00 ORIGINAL OP/OI BALANCE: _____ \$0.00		
AMOUNT AMOUNT OVER S CREATE DT RECEIVE DT RECEIVED APPLIED METH WRKR COLLECTION		
F1=HELP F3=EXIT F4=LIST F7=PREV F8=NEXT F12=CANCEL		

3. In the **REFERRAL ID** field, key the ID and press **Enter**. The payment history information displays (if a history exists).
4. View the information.

NOTE: If there are multiple payments, you may need to view more than one screen. Press the **F8** function key to view the next screen and press the **F7** function key to return to the previous screen, if necessary.

5. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

D. View Payment Details By Referral

1. From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The COLLECTIONS MENU displays.
2. In the **ENTER OPTION** field, key the number 2 and press **Enter**. The PAYMENT HISTORY BY REFERRAL screen displays.
3. In the **REFERRAL ID** field, key the ID and press **Enter**. The payment history information displays.

NOTE: If you do not know the code or value for a field, you can use the = and **F4** keys to display a list of codes or values for the selection. This field attribute is *not* available for all fields, but only those fields that contain a + (plus sign) to the right of the field.

4. To select and view the payment, locate the payment entry and key an S to the left of the payment and press **Enter**. The payment displays.

NOTE: If there are multiple payments, you may need to view more than one screen. Press the **F8** function key to view the next screen and press the **F7** function key to return to the previous screen.

5. View the payment details.

NOTE: The **PAYMENTS** screen is read-only. Thus, you cannot make edits/updates. If you decide a payment needs to be adjusted return back to the **COLLECTIONS MENU** and select option 1.

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

or

Press the **F12** function key to return back to the Payment History screen.

VI. PAYMENT HISTORY BY INDIVIDUAL

You can view a list of historical payment information (e.g. receipt number, claim ID and payment amount) for a specified individual ID via the *PAYMENT HISTORY BY INDIVIDUAL* screen.

A. Payment History By Individual Screen Field Descriptions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
INDIVIDUAL ID	Unique ID associated with the debtor supplied by CNDS	X		
NAME	Last name, first name and middle initial of the debtor for which payment history is to be viewed		X	
SSN	Debtor s social security number		X	
DOB	Debtor s date of birth		X	
SEX	Debtor s sex		X	
S	1 character code used to select a referral			X
RECEIPT	The receipt number associated with the payment		X	
PAY DATE	Date the payment was made		X	
REFERRAL	10 digit number generated by the system upon creation of a referral		X	
METH	Method the payment was made		X	
AMOUNT APPLIED	Amount of the payment applied to referral claim		X	
CHECK No.	Check number, if payment was made by check; <u>TOP cycle number if payment was made by TOP intercept</u>		X	

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
OVERCOLLECTION	Difference between amount received and amount applied this is generally a refund.		X	

B. Payment History By Individual Function Keys

KEY	DESCRIPTION
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the previous screen
F8	To display the next screen
F12	To cancel or return to the previous screen

C. Display A List Of Payment History By Individual

- From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The COLLECTIONS MENU displays.
- In the **ENTER OPTION** field, key the number 3 and press **Enter**. The PAYMENT HISTORY BY INDIVIDUAL screen displays.

FR41	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	02/03/02
FRD-0410	PAYMENT HISTORY BY INDIVIDUAL	13:01:17
INDIVIDUAL ID _____		MORE:
NAME: _____		
SSN: _____ DOB: _____ SEX: -		
<div style="display: flex; justify-content: space-between; padding: 0 10px;"> S RECEIPT PAY DATE REFERRAL METH AMOUNT APPLIED CHECK NO OVER COLLECTION </div>		
F1=HELP F3=EXIT F4= LIST F7=PREV F8=NEXT F12=CANCEL		

- In the **INDIVIDUAL ID** field, key the ID and press **Enter**. The payment history list displays (if a history exists).

4. View the list.

NOTE: If there are multiple payments, you may need to view one than 1 screen. Press the **F8** function key to view the next screen of history and press the **F7** function key to return to the previous screen of history, if necessary.

5. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

D. View Payment Details By Individual

1. From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The **COLLECTIONS MENU** displays.
2. In the **ENTER OPTION** field, key the number 3 and press **Enter**. The **PAYMENT HISTORY BY INDIVIDUAL** screen displays.
3. In the **INDIVIDUAL ID** field, key the ID and press **Enter**. The payment history information displays.
4. To select and view the payment, key an S in the **S** column to the left of the payment entry.

NOTE: If there are multiple payments, you may need to view more than 1 screen. Press the **F8** function key to view the next screen of history and press the **F7** function key to return to the previous screen of history, if necessary.

5. Press **Enter**. The **PAYMENTS** screen displays.
6. View the payment details.

NOTE: The **PAYMENTS** screen is read-only. Thus, you cannot make edits/updates. If you decide a payment needs to be adjusted return back to the **COLLECTIONS MENU** and select option 1.

7. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

VII. NC DEBT SETOFF PENDING INTERCEPTS

The *NC DEBT SETOFF PENDING INTECEPTS* function allows you to view a list of NC DOR intercepts that have been received by EPICS. These intercepts are waiting for the 30-day appeal process to be completed before funds can be applied to claim balances. This screen is designed to only show referrals in the **PENDING** stage of the DOR process. If payments or refunds have been applied to the referral(s), they will not appear on this screen.

From the **NC DEBT SETOFF PENDING INTERCEPTS** screen, you can set and identify those intercepts for which the debtor requests an appeal.

Additionally, you can identify those intercepts, which will be applied to the claim balances due to the 30-day timeframe expiring without a response from the debtor.

If the debtor waives their right to the funds it will immediately be removed from this screen and payment and/or refund will be applied to the referral(s). If the appeal decision ruling is in the favor of the county, the referral(s) will disappear from the screen the next time the Apply Payment batch job is run by EPICS.

A. NC DEBT SETOFF Pending Intercepts Field Descriptions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
SSN	9 digit number for the debtor s social security number	X		
NAME	Last name (up to 20 characters), First Name (up to 12 characters) and Middle Initial (1 character) of the debtor		X	
INDIVIDUAL ID	10 character number of the case head payee provided by CNDS		X	
DOB	10 character date of the case head payee s date of birth		X	
SEX	1 character code for the individual debtor s sex		X	
S	1 character code used to select a referral for viewing			X
APL IND	Set by the county when a debtor request an appeal that suspends tax intercept until the outcome of the hearing or waives an appeal	X		

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
PGM	Code that identifies the benefits program to which the referral applies		X	
REFERRAL	10 digit number generated by the system upon creation of a referral		X	
EST. DATE	10 character date in which the claim goes into CO status, by entering the Claim Type as AE, SIE, IHE, or IPV		X	
CNTY	3 digit number from 000-100 representing the issuing county in which the overpayment took place		X	
CURRENT BALANCE	Up to 9 characters; Current amount due on the claim		X	
AMOUNT INTERCEPTED	The amount of money intercepted as a result of NC Debt Setoff for the selected referral		X	
INTERCEPT DATE	The date the money was intercepted by DOR.		X	
NOTICE DATE	The date the NC Debt Setoff 30-Day Notice was sent to the debtor.		X	

B. NC Debt Setoff Pending Function Keys

KEY	DESCRIPTION
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F5	To flow to the Claim Detail Screen for the selected Referral
F6	To flow to the Debtor Detail Screen for the selected Referral
F7	To display the previous screen (page up)
F8	To display the next screen (page down)
F9	To update the Appeal information
F10	To flow to the Payment History by Individual screen
F11	To flow to the Payment History by Referral screen
F12	To cancel or return to the previous screen

C. Set Or Update An Appeal Flag

When a client requests an appeal within the 30-day period, you must set the appeal flag. Likewise, when the appeal status has changed, you must update the appeal field.

1. From the **MAIN MENU**, key the number 4 in the **Enter Option** field and press **Enter**. The **COLLECTIONS MENU** displays.
2. In the **ENTER OPTION** field, key the number 4 and press **Enter**. The **NC DEBT SETOFF PENDING** screen displays.

FR45 FRD0450	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM NC DEBT SETOFF PENDING INTERCEPTS	08/24/2004 11:39:03 MORE:								
SSN ... _____ + NAME: _____ IND ID: _____ DOB : _____ SEX: _										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">APL</td> <td style="text-align: center;">CURRENT AMOUNT</td> <td style="text-align: center;">INTERCEPT</td> <td style="text-align: center;">NOTICE</td> </tr> <tr> <td style="text-align: center;">S IND PGM REFERRAL</td> <td style="text-align: center;">EST. DATE CNTY</td> <td style="text-align: center;">BALANCE INTERCPTD</td> <td style="text-align: center;">DATE DATE</td> </tr> </table>			APL	CURRENT AMOUNT	INTERCEPT	NOTICE	S IND PGM REFERRAL	EST. DATE CNTY	BALANCE INTERCPTD	DATE DATE
APL	CURRENT AMOUNT	INTERCEPT	NOTICE							
S IND PGM REFERRAL	EST. DATE CNTY	BALANCE INTERCPTD	DATE DATE							
PF1=HELP PF3=EXIT PF4=LIST PF5=CLAIM DTL PF6=DEBTOR DTL PF7=PREV PF8=NEXT PF9=UPDATE PF10=PYMT INDV PF11=PYMT REFERRAL PF12=CANCEL										

3. In the **SSN** field, key the SSN of the debtor and press **Enter**. The referrals eligible for appeal or pending referrals that have been appealed will appear.
4. In the **S** column, key an S beside the referral that requires an appeal to be set or the appeal that needs to be updated.

NOTE: There may be multiple screens to view. If necessary, press the **F8** function key to view the next screen of individuals and press the **F7** function key to view the previous screen of individuals.

5. In the **APL IND** field, key the code O.
6. To save and update the screen, press the **F9** function key.
7. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

VIII. TOP PAYMENT ONLINE POSTING/CORRECTION/REFUND/REVERSAL (STATE LEVEL ACCESS ONLY)

There are times that State Staff must post TOP payments, issue refunds as tax intercept flag was not set, or a TOP reversal cannot automatically be completed by EPICS.

A. Post Payment By Referral

1. From the **MAIN MENU**, select option 4, **COLLECTIONS MENU**.
2. From the **COLLECTIONS MENU**, select option 1, **PAYMENTS/ADJUSTMENTS/REVERSALS**.
3. On the **PAYMENTS** screen, key the referral ID number and press ENTER.
4. Enter **METHOD OF COLLECTION** of T , **CYCLE NUM**, and **PAYMENT AMOUNT** (Amount minus the collection fee).
5. Enter any **COMMENT**; however, this is an optional field.
6. Press F6 (ADD). The TOP payment is posted.

B. Post Payment By Individual ID Number

1. From the **MAIN MENU**, select option 4, **COLLECTIONS MENU**.
2. From the **COLLECTIONS MENU**, select option 1, **PAYMENTS/ADJUSTMENTS/REVERSALS**.
3. On the **PAYMENTS** screen, key the individual ID number and press ENTER.

4. Enter **METHOD OF COLLECTION** of T , **CYCLE NUM**, and **PAYMENT AMOUNT** (Amount minus the collection fee).
5. Enter any **COMMENT**; however, this is an optional field.
6. Press F6 (ADD). The TOP payment is posted.

C. TOP Payment Correction/Refund

TOP payment correction is used to back out a payment that has been applied to a claim. No notice is sent to the debtor in this situation.

1. Correction
 - a. From the **MAIN MENU**, select option 4, **COLLECTIONS MENU**.
 - b. From the **COLLECTIONS MENU**, select option 3, **PAYMENT HISTORY BY INDIVIDUAL**.
 - c. On the **PAYMENT HISTORY BY INDIVIDUAL** screen, key the individual ID number and press ENTER. The payment history for that individual displays.
 - d. Enter an S by the TOP payment for which a correction is needed. The **PAYMENTS** screen displays. Press F8 (CORRECT). Press ENTER.
 - e. The **TOP PAYMENT CORRECTION** displays with the payment information selected. Press F6 (CORRECT). The payment is adjusted out. The claim balance increases. If the claim is in closed status (CL), the system changes to open status (CO).
2. Refund

Before a refund can be completed, the payment needs to be backed out. See above for Correction instructions.

- a. From the **MAIN MENU**, select option 4, **COLLECTIONS MENU**.
- b. From the **COLLECTIONS MENU**, select option 3, **PAYMENT HISTORY BY INDIVIDUAL**.
- c. On the **PAYMENT HISTORY BY INDIVIDUAL** screen, key the individual ID number and press ENTER. The payment history for that individual displays.
- d. Enter an S by the TOP payment for which a correction is needed. The **PAYMENTS** screen displays. Press F8 (CORRECT). Press ENTER.

- e. The **TOP PAYMENT CORRECTION** screen displays.
Complete a payment correction by pressing F6 (CORRECT).
- f. Enter the **REFUND AMOUNT** and **REFUND FEE**. Press F8 (REFUND). A confirmation message is displayed WAS REFUND FEE ENTERED? CONFIRM BY PRESSING F8 . Press F8 again. The payment is adjusted out and displays as ADJ.

D. Top Payment Reversal

A notice is generated when a TOP Payment Reversal is manually completed.

1. From the **MAIN MENU**, select option 4, **COLLECTIONS MENU**.
2. From the **COLLECTIONS MENU**, select option 3, **PAYMENT HISTORY BY INDIVIDUAL**.
3. On the **PAYMENT HISTORY BY INDIVIDUAL** screen, key the individual ID number and press ENTER. The payment history for that individual displays.
4. Enter an S by the TOP payment for which a correction is needed. The **PAYMENTS** screen displays. Press F8 (CORRECT). Press ENTER.
5. The **TOP PAYMENT CORRECTION** screen displays.
Press F9 (REVERSAL).

E. TOP Payment Correction Screen

FR39	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	03/02/2004
FRD0392	TOP PAYMENT CORRECTION	15:44:01
ORIGINAL		
RECEIPT #:	0000220516	
DATE RECEIVED:	03/08/2002	
PAYMENT AMOUNT:	999.80	
METHOD OF COLLECTION:	T	
PAYOR NAME:		
CORRECTION METHOD OF COLLECTION: ADJ		
PAYMENT AMOUNT:	999.80	REFUND AMOUNT: 0.00
CORRECTION DATE:	03/02/2004	REFUND FEE:
RECEIPT #:	0000000000	RECEIPT #: 0000000000
PAYMENT COMMENT		
PAYMENT CORRECTION FOR RECEIPT = 0000220516		
TO REFUND YOU MUST FIRST DO PAYMENT CORRECTION		
F3=EXIT F6=CORRECT F8=REFUND F9=REVERSE F12=CANCEL		

IX. UTILIZING F4

If you do not know the code or value for a field, you can use the *F4* key, which will display a list of codes or values for selection. This field attribute is only available in those fields that contain a + (plus sign) to the right of the field.

To enter field details using F4

1. In the field that contains a + (plus sign) to the right of the field, key = (equal sign) and press **F4**. The specific code list screen displays.
2. To select a code or value, tab to the appropriate code/value in the **S** column and key s.
3. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
4. Continue entering or updating the screen details.

X. NAME SEARCH

When you are working with referrals and are uncertain of the individual ID, use the *Name Search* function. This searching method provides you with the capability to search CNDS for an individual ID number. There are 4 search criteria. You can *only* select one search method:

- | | |
|---|-----------------------------------|
| 0 | Name, Sex, Date of Birth only |
| 1 | SSN (social security number) only |
| 2 | Individual ID only |
| 3 | Case ID only |

A. Name Search Function Key Descriptions

KEY	DESCRIPTION
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To clear the search criteria fields
F11	To display the Maintain Client screen
F12	To return to the previous screen

B. Search Individual ID Using Name Search Function

1. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.
2. Select a search method and key the appropriate information in the field(s).

3. To initiate the search, press **Enter**. The Name List screen displays with all records that match your search criteria.
4. In the **Sel** column, key a S in the field next to the appropriate individual and press **Enter**. The previous screen displays with the data from the search.
5. Continue entering or updating the screen details.

XI. EIS RECOUPMENT PROCESS

- A. EIS drives the recoupment process. The worker enters the recoupment amount into EIS. If the amount entered is greater than \$99, the case is displayed on the FRD401 Error Report with the message: RECOUPMENT AMOUNT EXCEEDS \$99.
- B. EIS sends EPICS the case ID s that contain recoupment data. EPICS searches CNDS for all individual ID numbers that are included on the EIS case.

If client is not found, the case is displayed on the FRD401 EIS Recoupment Error Report with the message: CNDS CONTAINS NO PERSON FOR THIS CASE.

- C. The program searches to determine the persons included on the EIS case and determines if the dependent indicator is I or P (CNDS).
- D. Using the information in C. above, the program determines which persons are debtors in EPICS and if:

1. The Referral Status is CO
2. The Program is AFDC or TANF
3. The Current Balance is greater than zero (0.00)
4. The Claim Type is IPV, IHE, AE, SIE

They are excluded if:

1. Claim is Deleted
2. Claim Debtor is Deleted
3. Claim Category is IPV and Substantiation Method is S, A, or D and the Repayment Approach Method of Collection is not equal to R
4. Criminal Judgement Date is greater than 0001-01-01 and the Repayment Approach Method of Collection is not equal to R
5. The Letter of Overpayment Date (LOI) must be 10 working/business days greater than the run date

- E. If debtor(s) is found, EPICS divides the recoupment amount equally amount the debtors on the AFDC or TANF case.
- F. EPICS sorts all claims involved and posts to the oldest claim first for each debtor.

- G. If no debtors eligible for recoupment are found, the case is displayed on the FRD401 EIS Recoupment Error Report with the message: NO CLAIM TO POST MONEY
- H. If there is an error applying the payment due to debtor-referral combinations, the case is displayed on the FRD401 EIS Recoupment Error Report with the message: FRDC1APP:APPLY PAYMENT ERROR.
- I. If a check has been issued and that check has a trans code 34 as displayed in EIS Check History, the recoupment is not posted in EPICS nor does it appear on the FRD401 EIS Recoupment Error Report.
- J. When an EIS Recoupment appears on the FRD401 EIS Recoupment Error Report due to the following errors:

No Claim to post money
Individual not a debtor in EPICS
Recoupment Amount Exceeds \$99/Invalid Recoupment Amount
Apply Payment Error

Either:

- 1. Post the recoupment in EPICS using LR Method of Collection
 - 2. Issue supplemental benefits through EIS
 - 3. Both a. and b.
- K. EIS recoupments are posted the 15th of each month in EPICS.

XII. FSIS RECOUPMENT PROCESS

- A. EPICS identifies all FS claims that are eligible for recoupment. To be eligible for recoupment:

- 1. The Referral Status must equal CO,
- 2. The Program must be FS,
- 3. The Claim Balance must be greater than zero,

Calculation of the balance in EPICS for the FSIS case is completed by determining the oldest claim for all debtors that are associated with the particular FSIS case.

- a. If the oldest claim is IPV, the balance is the sum of all IPV claims.
- b. If the oldest claim is AE, the balance is the sum of AE, IHE, and SIE claims.
- c. If the oldest claim is IHE, the balance is the sum of AE, IHE, and SIE claims.
- d. If the oldest claim is SIE, the balance is the sum of AE, IHE, and SIE claims.

4. The Claim has not been deleted,
 5. The Claim Category must be IPV, IHE, AE, or SIE,
 6. The Claim Substantiation Method is not S or D,
 7. The Letter of Overissuance date must be the current date minus ten (10) work days (business days).
 8. The claim must be delinquent:
 - a. Identify all payments made in the last sixty (60) days,
 - b. Payments not considered are: AJCA, AJCD, AJCI, AJUC, EX, EB, FSC, R, LR,
 - c. All payments that are considered, C, O. S, N, CN, T, CT, are added together,
 - d. All adjustments that are considered, which is ADJ, are added together,
 - e. The sum of all considered payments minus the sum of all considered adjustments equals the net payment,
 - f. If the net payment is greater than zero, the person is not delinquent.
- B. EPICS determines all claim debtors for the claims identified and determines from the Common Data Database (CNDS) which debtors are included in an active Food Stamp case. In addition, the claim debtors must meet the following criteria:
1. The Claim Debtor is not deleted,
 2. The Claim Debtor Food Stamp Appeal indicator is not X ,
 3. The Claim Debtor Repayment Approach is R , if the claim has a criminal judgement,
 4. The Claim Debtor Repayment Approach is R , if the Claim Category is IPV and the Substantiation Method is A, S, or D,
- C. EPICS sends to FSIS the case ID for the active Food Stamp case, the claim category, and the claim balance for each debtor in the active Food Stamp case. Based on the claim category, FSIS uses the appropriate percentage to recoup from the FSIS case.
- D. EPICS posts Food Stamp recoupments the last work night of the month, and posts recoupment money to the claims sorted by the oldest establishment date and referral ID. The recoupment amount is divided equally among all debtors who are in the active Food Stamp case from which the recoupment came. It is possible that a recoupment may come from a Food Stamp case in County A to pay on a claim in County B. This could occur when a debtor on a referral is owned by one county is receiving Food Stamp benefits in another county.

105 – DISQUALIFICATIONS

Change #2-2004
September 13, 2004

I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:

- The Disqualification Inquiry fields;
- The Disqualification Inquiry function keys;
- The Disqualification Detail Fields;
- Displaying Disqualification Detail function keys;
- Creating a Disqualification;
- Displaying a Disqualification List;
- Displaying a Disqualification;
- Updating a Disqualification;
- Entering a 'Key' change;
- Transferring a Disqualification;
- Deleting a Disqualification;
- Entering field details using F4 key;
- Searching for an individual ID.

II. OVERVIEW – FOOD STAMPS & TANF ONLY

A *disqualification* is a penalty invoked for a person convicted of an Intentional Program Violation. It will restrict a person from receiving benefits for a period of time depending upon the number of disqualifications recorded for the person. EPICS allows the user to display and view all of the known states from which a person has been disqualified, as well as record a new disqualification for an individual.

EPICS sends a file each month to USDA around the 2nd or 3rd of the month. EPICS receives a monthly file (around the 26th of the month) from USDA that contains all other 50 states disqualifications and are loaded into EPICS. The worker may view disqualifications by entering the individual's social security number on the Disqualification Inquiry screen.

There are two screens that require data entry **to record a new disqualification**: DISQUALIFICATION INQUIRY screen and the DISQUALIFICATION DETAIL screen.

A. Disqualification Inquiry Field Descriptions

Field	Description	Required	System Generated	Optional
SOCIAL SECURITY NUMBER	9 digit number for the individual's social security number	X		
SELECTION	1 character code used to select an existing disqualification to view			X
STATE	2 character code identifying the state where the disqualification occurred		X	
DQ NUMBER	Number of offenses		X	
PROGRAM ID	Code identifying which benefit program the individual is being disqualified		X	

B. Disqualification Inquiry Function Keys

KEY	Description
F1	To access EPICS on-line help
F2	To clear the screen
F3	To exit and return to the Main Menu
F4	To display a list
F6	To add a new disqualification
F7	To display the previous screen (page up)
F8	To display the next screen (page down)
F12	To cancel or return the previous screen

C. Disqualification Detail Field Descriptions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
SOCIAL SECURITY NUMBER	9 digit number for the individual's social security number		X	
NAME	The full name (last name, first name) of the individual being disqualified		X	
ADDRESS	The address of the individual being disqualified		X	
LAST ACTIVITY	Field used to describe the last activity (Add, Change, etc.) and date of the activity made to the disqualification		X	
INDIVIDUAL ID	The individual ID of the person being disqualified (NC Disqualification only)		X	
DATE OF BIRTH	The date of birth for the individual being disqualified		X	
SEX	The sex of the individual being disqualified		X	
DQ STATE	The state where the individual is disqualified from		X	
DQ COUNTY	3 digit number from 000-100 used to identify what county the individual is disqualified from (NC Disqualification only)		X	

Change #1-2004	DISQUALIFICATIONS	July 1, 2004
-----------------------	--------------------------	---------------------

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
DQ INVESTIGATOR	A unique number assigned by the county to identify the investigator assigned to the case (NC Disqualification only)	X		
DQ COUNTY CASE #	7 digit case number used by the county (NC Disqualification only)	X		
XFER DQ COUNTY	3 digit number from 000-100 used to identify where the disqualification is being transferred (NC Disqualification only)			X
REFERRAL ID	10 digit number generated by the system upon creation of a referral (NC Disqualification only)	X		
PROGRAM	The benefit program the individual is being disqualified from		X	
COUNTY CASE #	7 digit case number used by the county (NC Disqualification only)		X	
REF COUNTY	3 digit code between the values of 000 and 100; used to show which county currently owns the referral (NC Disqualification only)		X	
PGM CASE ID	The case ID of the associated program (NC Disqualification only)		X	

Change #1-2004	DISQUALIFICATIONS	July 1, 2004
-----------------------	--------------------------	---------------------

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
REF INVEST	5 character ID that corresponds to the investigator assigned to the referral (NC Disqualification only)		X	
DQ METHOD	1 character code identifying the method by which the disqualification is established (NC Disqualification only)	X		
DQ #	The disqualification number of offense	X		
DQ OFFENSE CODE	A 1 digit alpha code identifying the type of offense	X		
DQ PERIOD	3 character code identifying the length of the disqualification	X		
DQ DECISION DATE	The date the disqualification was made	X		
DQ START DATE	The beginning date for the disqualification	X		
DQ END DATE	The ending date for the disqualification		X	
FIPS CODE	A four-digit number indicating the zip code ext.		X	
OFFICE	The county's organizational name responsible for the disqualification verification		X	
TITLE	The title of the division responsible for the disqualification verification		X	

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
TELEPHONE	The area code and local phone number of the county worker responsible for the disqualification verification		X	
EXT	The phone number extension of the county worker responsible for the disqualification verification		X	
FAX NUM	A 10 digit Fax Number from the County Detail Screen		X	
COMMENTS	Up to 42 characters of free form text brought forward from the County Detail screen and from out of state disqualification if any were entered.		X	
NON NC INFO	Key field used by other states to track information		X	

D. Disqualification Inquiry Function Keys

KEY	Description
F1	To access EPICS on-line help
F2	To clear the screen, with the exception of demographic information
F3	To exit and return to the Main Menu
F4	To display a list
F5	To transfer the disqualification to a new county
F6	To add a new disqualification (save)
F9	To update a disqualification
F10	To delete a disqualification (State Level only)
F11	To enter a key change
F12	To cancel or return to the previous screen

E. Create A New Disqualification

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The DISQUALIFICATION INQUIRY screen displays.

FR13	NC DHHS - ENTERPRISE PROGRAM INTERGITY CONTROL SYSTEM	06/29/2004
FRD0130	DISQUALIFICATION INQUIRY	11:24:41
SOCIAL SECURITY NUMBER: _____ +		More:
SELECTION STATE DQ NUMBER PROGRAM		
F1=HELP F2=CLEAR F3=EXIT F4=LIST F6=ADD F7=PREV F8=NEXT F12=CANCEL		

2. Key the SSN in the **SOCIAL SECURITY NUMBER** field of the individual being disqualified and press Enter.

NOTE: If no previous disqualification(s) is associated with this Social Security Number, a message displays: NO DISQUALIFICATION RECORD EXISTS.

If there are multiple individuals associated to this social security number a message displays: ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.

3. Press the **F6** function key. The DISQUALIFICATION DETAIL screen displays.

FR15 FRD0150	NC DHHS - ENTERPRISE PROGRAM INTERGITY CONTROL SYSTEM DISQUALIFICATION DETAIL	02/24/2004 12:26:23
SSN . . . :	LAST ACTIVITY:	
NAME . . . :		
ADDRESS :	INDIVIDUAL ID :	SEX:
	DATE OF BIRTH:	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>--- DQ INFORMATION ---</p> <p>DQ STATE :</p> <p>DQ COUNTY :</p> <p>DQ INVESTIGATOR .</p> <p>DQ COUNTY CASE#.</p> <p>XFER DQ COUNTY . . ____</p> <p>DQ OFFENSE CODE . . +</p> <p>DQ NUMBER + <KEY></p> <p>DQ METHOD +</p> <p>DQ PERIOD +</p> <p>DQ DECISION DATE. <KEY></p> <p>DQ START DATE . .</p> <p>DQ END DATE . . .</p> </div> <div style="width: 45%;"> <p>----- REFERRAL INFORMATION -----</p> <p>REFERRAL ID PROGRAM . :</p> <p>COUNTY CASE# : REF COUNTY:</p> <p>PGM CASE ID : REF INVEST:</p> <p>----- CONTACT INFORMATION -----</p> <p>FIPS CODE</p> <p>OFFICE</p> <p>TITLE</p> <p>TELEPHONE : EXT:</p> <p>FAX NUM</p> <p>COMMENTS</p> </div> </div>		
<p>NON NC INFO :</p> <p>F1=HELP F2=CLEAR F3=EXIT F4=LIST F5=XFER DQ COUNTY</p> <p>F6=ADD F9=UPDATE F10=DELETE F11=KEY CHANGE F12=CANCEL</p>		

NOTE: The DQ State and DQ County fields will be populated with NC and the county from which the person signed on is located. These fields cannot be modified.

4. Key the referral ID in the **REFERRAL ID** field number for the individual being disqualified and press **Enter**. The Program, County Case #, Ref County, Pgm Case ID and Ref Invest fields populated based on the referred ID entered.

NOTE: Ensure you enter the correct Referral ID number. This value can not be changed once the Disqualification has been successfully added.

5. In the **INVESTIGATOR** field, key the County Case Number assigned to the disqualification. This value may be different from the Ref Invest.
6. In the **DQ COUNTY CASE#** field, key the County Case Number assigned to the disqualification. This value may be different from the County Case #.

NOTE: If you do not enter data in this field, the system automatically populates the County Case # under Referral Information once F6 is pressed.

7. Key the number of disqualification offense in the **DQ NUMBER** field.
8. Key the type of offense in the **DQ OFFENSE CODE** field if the program is FS. This field is required if the PROGRAM CODE is FS.
 - a. If the PROGRAM CODE is FS and no entry is made during the ADD function or the field is blank for the CHANGE function, the following error message is displayed:

'MANDATORY FIELD DATA IS MISSING'

- b. If the PROGRAM CODE is not FS and an entry is made in the **DQ OFFENSE CODE** field, the following error message is displayed:

'DQ OFF CODE IS NOT ALLOWED, INVALID PROGRAM'

- c. If an invalid **DQ OFFENSE CODE** is entered, the following error message is displayed:

'INVALID DQ OFFENSE CODE'

- d. The valid values for the **DQ OFFENSE CODE** field are:

DQ OFFENSE CODE	DEFINITION
A	Drug Trafficking Conviction Involving Less Than \$500
B	Any Trafficking Conviction (including drugs) Involving \$500 or More
C	Firearms Trafficking Conviction Any Amount
D	Trafficking, Administrative Finding
E	Duplicate participation
F	Application Fraud, Including Non Report of Changes
Z	Other Intentional Program Violations

9. Key the method by which the disqualification was established in the **DQ METHOD** field.

NOTE: You can not create a Disqualification if the Claim Type (located on the Claim Detail Screen) is any value other than US or IPV.

If the Claim Type (located on the Claim Detail Screen) is US, the DQ Method can equal any valid value.

If the Claim Type (located on the Claim Detail Screen) is IPV, the Claim Substantiation Method (also located on the Claim Detail Screen) and the DQ Method must match.

Also, if the Program is TANF/AFDC, the claim must be \$100 or greater.

10. Key the length of the disqualification in the **DQ PERIOD** field.
11. Key the date the disqualification decision was made in the **DQ DECISION DATE** field.

12. Key the beginning date of the disqualification in the **DQ START DATE** field.
13. The **REFERRAL INFORMATION** displayed is based on the referral ID number entered.
14. The **CONTACT INFORMATION** is displayed based on the information from the County Detail Screen or an out of state disqualification.
15. Press the **F6** function key to add the disqualification. A confirmation message displays at the bottom of the screen: *Action completed successfully.*

NOTE: When adding a disqualification, the LAST ACTIVITY field automatically populates with "Add" and the "Current date".

The **END DATE** field is system generated based on the start date and period of the disqualification.

16. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

F. Display A Disqualification List

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The DISQUALIFICATION INQUIRY screen displays.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

2. Key the **SSN** of the individual and press **ENTER**. The disqualification list displays. This screen displays the SSN keyed, State, DQ number, and Program. This screen displays all states for the SSN entered.

NOTE: If there are multiple individuals associated to the SSN, a message displays: *ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.*

3. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

G. Display A Disqualification

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The DISQUALIFICATION INQUIRY screen displays.
2. Key the **SSN** of the individual and press **ENTER**. The disqualification list displays. This list will show all of the states for that the SSN is disqualified from.

NOTE: If there are multiple individuals associated to the SSN, a message displays: *ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.*

3. From the **DISQUALIFICATION LIST**, key an S in the selection column of the disqualification you wish to display and press **Enter**. The DISQUALIFICATION DETAIL screen displays.
4. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

H. Update A Disqualification

You can only update disqualifications in the state of North Carolina.

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The DISQUALIFICATION INQUIRY screen displays.

NOTE: If you do not know the code or value for a field, you can use the **F4** key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

2. Key the **SSN** of the individual and press **ENTER**. The disqualification list displays.

NOTE: If there are multiple individuals associated to the SSN, a message displays: *ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.*

3. Key an S in the selection column of the disqualification you wish to display and press **Enter**. The DISQUALIFICATION DETAIL screen displays.

4. Update the **DQ Investigator, DQ County Case#, DQ Method, DQ Period, DQ Start Date, and DQ End Date** fields, as necessary.

5. To save the update, press the **F9** function key.

NOTE: When updating a disqualification, the LAST ACTIVITY field will automatically populate with "Change" and the "Current Date".

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

I. Enter A 'Key' Change

You can only enter a 'Key' change for a disqualification in the state of North Carolina.

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The DISQUALIFICATION INQUIRY screen displays.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.
2. Key the **SSN** of the individual and press **ENTER**. The disqualification list displays.

NOTE: If there are multiple individuals associated to the SSN, a message displays: *ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.*
3. Key an S in the selection column of the disqualification you wish to display and press **Enter**. The DISQUALIFICATION DETAIL screen displays with the individual's information you selected filled in.
4. Change the **DQ Number** or **DQ Decision Date** fields, as necessary.
5. To save the changes, press the **F11** function key.

NOTE: The **Last Activity** field will automatically populate with "Key Change" and the "Current Date".
6. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

J. Transfer A Disqualification

You can only transfer a disqualification in the state of North Carolina.

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The DISQUALIFICATION INQUIRY screen displays.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.
2. Key the **SSN** of the individual and press **ENTER**. The DISQUALIFICATION LIST displays.

NOTE: If there are multiple individuals associated to the SSN, a message displays: *ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.*
3. Key an S in the selection column of the disqualification you wish to display and press **Enter**. The DISQUALIFICATION DETAIL screen displays.

4. In the **XFER DQ COUNTY** field, key the county code for the county where the disqualification is being transferred.

5. To transfer the disqualification, press the **F5** function key.

NOTE: The **Last Activity** field will automatically populate with "Transfer" and the "Current Date".

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

K. Delete A Disqualification (STATE LEVEL ONLY)

You can only delete a disqualification in the state of North Carolina.

1. From the **MAIN MENU**, key the number 5 in the **ENTER OPTION** field and press **Enter**. The **DISQUALIFICATION INQUIRY** screen displays.

2. Key the **SSN** of the individual and press **ENTER**. The **DISQUALIFICATION LIST** displays.

NOTE: If there are multiple individuals associated to the SSN, a message displays: *ENTERED SSN HAS MULTIPLE CLIENTS. INVOKE SEARCH.*

3. Key an S in the selection column of the disqualification you wish to display and press **Enter**. The **DISQUALIFICATION DETAIL** screen displays.

4. To delete the disqualification, press the **F10** function key.

5. A confirmation message will display confirming you are deleting this disqualification. Press the F10 function key again. The screen clears with the exception of the demographic information.

6. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

III. UTILIZING F4

If you do not know the code or value for a field, you can use the F4 function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

To enter field details using F4:

1. In the field that contains a + (plus sign) to the right of the field, type = (equal sign) and press the **F4** function key. The specific code list screen displays.
2. To select a code or value, tab to the appropriate code/value in the **S** column and type s.
3. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
4. Continue entering or updating the screen details.

IV. NAME SEARCH

When you are working with referrals and are uncertain of the individual ID, use the *Name Search* function. This searching method provides you with the capability to search CNDs for an individual ID number. There are 4 search criteria. You can *only* select one search method:

- Name, Sex, Date of Birth only
- SSN (social security number) only
- Individual ID only
- Case ID only

A. Name Search Function Key Descriptions

Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To clear the search criteria fields
F11	To display the Maintain Client screen
F12	To return to the previous screen

B. Search An Individual ID Using The Name Search Function

1. In the **INDIVIDUAL ID** field, key = and press **F4**. The NAME SEARCH screen displays.
2. Select a search method and key the appropriate information in the field(s).
3. To initiate the search, press **Enter**. The Name List screen displays with all records that match your search criteria.
4. In the **Sel** column, key an S in the field next to the appropriate individual and press **Enter**. The previous screen displays with the data from the search.
5. Continue entering or updating the screen details.

106 – CASE MAINTENANCE

Change #2-2004
September 13, 2004

I. THIS CHAPTER PROVIDES INSTRUCTIONS AND INFORMATION FOR:

- The Maintenance Menu options;
- The Maintenance Menu function keys;
- The County Transfer fields;
- Displaying the County Transfer function keys;
- Transferring a Referral;
- The Case Reassignment fields;
- The Case Reassignment function keys;
- Reassigning a Case Referral;
- The Caseload Reassignment fields;
- The Caseload Reassignment function keys;
- Reassigning a Caseload;
- **Name Search / Name List / Maintain Client;**
- Entering field values using the F4 function key.

II. MAINTENANCE MENU

The EPICS Maintenance Menu allows counties to transfer cases from one county to another, allows supervisors to manage county workers cases/caseloads and reassign as needed, and allows direct entry into the Name Search process to search, assign individual ID numbers, and change/update the individual's address/phone number.

A. Maintenance Menu Options

Option	Description
1. COUNTY TRANSFER	To transfer an individual's cases(s) from one county to another.
2. CASE REASSIGNMENT	To reassign an investigator's cases(s) to another investigator.
3. CASELOAD REASSIGNMENT	To reassign an investigator's case workload to another investigator
4. NAME SEARCH/NAME LIST	To search for an individual, assign individual ID number, and change/update address/phone number.

B. Maintenance Menu Function Keys

Function Key	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu

III. COUNTY TRANSFER

If a client moves from one county to another, their claims will have to be transferred to the new county location. Only those cases in collection status, non-court ordered and select Medicaid cases*, can be transferred from one county to another. Any cases that have not completed the investigation phase must remain in the old county until a determination has been made. Once the determination has been made and the claim is in collection status, the case can be transferred to the new county location.

Transfers are not effective until the first day of the following month.

***Select Medicaid cases** is defined as: Any case(s) the county supervisor deems necessary to transfer. If for financial reasons the county supervisor does not want to transfer the case(s), the county is not required to transfer the Medicaid claim to another county.

A. County Transfer Field Descriptions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
INDIVIDUAL ID	10 digit individual ID of the person cases being transferred	X		
COUNTY	Three character code uniquely identifying the county the case is being transferred from		X	
NAME	The full name of the full individual whose case(s) is being transferred		X	
SSN	The SSN of the individual whose case(s) is being transferred		X	
DOB	The DOB of the individual whose case(s) is being transferred		X	
SEX	The sex of the individual whose case(s) is being transferred		X	
S	The selection field for viewing the details for a specified referral	X		
REFERRAL ID	10-digit number generated by the system upon creation of a referral		X	
ST	A code representing the status of the referral		X	
PROGRAM	The benefit program in which the individual currently has an overpayment		X	
INVESTIGATOR ID	A unique number assigned by the county to identify the investigator currently assigned to the case		X	
TRANSFER TO COUNTY	Three-character code uniquely identifying the county the case(s) is being transferred to	X		
EFFECTIVE DATE OF TRANSFER	The date the case(s) is to be effectively assigned to the new county	X		

B. County Transfer Function Keys

FUNCTION	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F7	To display the next screen (page down)
F8	To display the next screen (page up)
F11	To transfer cases
F12	To cancel and return to the previous screen

C. Transfer A Case (Referral) To Another County

1. From the **Main Menu**, key the number 6 in the **Enter Option** field and press **Enter**. The MAINTENANCE MENU displays.

FR09 FRD0090	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM MAINTENANCE MENU	06/29/2004 11:32:38
<p>1. COUNTY TRANSFER</p> <p>2. CASE REASSIGNMENT</p> <p>3. CASELOAD REASSIGNMENT</p> <p>4. NAME SEARCH / NAME LIST</p>		
<p>ENTER OPTION: _</p>		
<p>F1=HELP F3=EXIT</p>		

2. From the **MAINTENANCE MENU**, key the number 1 in the **Enter Option** field and press **Enter**. The COUNTY TRANSFER screen displays.

ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)

```

FR49          NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM  06/29/2004
FRD0490          COUNTY TRANSFER                                     11:34:29

INDIVIDUAL ID _____ + COUNTY: ____                               More:
NAME: _____ -
SSN: _____ DOB: _____ SEX: _

S REFERRAL   ST PROG   INVEST   ASSIGNED   - EFFECTIVE TRANSFER(S) -
                                           COUNTY EFF DATE

TRANSFER TO COUNTY ____ +
EFFECTIVE DATE OF TRANSFER _____

F1=HELP F3=EXIT F4=LIST F5=DETAIL F7=PREV F8=NEXT F11=TRANSFER F12=CANCEL

```

3. In the **INDIVIDUAL ID** field, key the individual's ID you wish to transfer and press **Enter**. The individual's demographic information and all referrals for that county display.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field.

If you wish to view a particular referral before you transfer the individual, place an "S" in the **S** column of the referral you wish to view and press the **F5** function key. The Referral Detail 1 screen displays with the referral you selected. Press the **F12** function key to return to the **COUNTY TRANSFER** screen.

4. In the **S** column, key an S beside the case(s) you wish to transfer.

NOTE: Only those cases with an S beside them will transfer.

5. In the **TRANSFER TO COUNTY** field, enter the county code the individual is being transferred to.

6. In the **EFFECTIVE DATE OF TRANSFER**, key the date the case(s) is to be effectively assigned to the new county.

NOTE: The referral appears on the new county's Referral list on the date of the effective transfer in a "TR" status. The referral is assigned to investigator XYZ and therefore, the county's supervisor will need to reassign the referral to the appropriate investigator via Case Reassignment.

7. Press the **F11** function key to transfer the individual. A message displays at the bottom of the screen: *Action completed successfully* and an "*" appears beside the case(s) you selected in the **S** column.

8. To exit and return to the **MAIN MENU**, press the **F3** function key. The MAIN MENU displays.

IV. CASE REASSIGNMENT

To effectively manage the workload assigned to the various investigators within the same county, there must be a mechanism for reassigning one or more cases from one investigator to another. This reassignment may be due to various reasons including workload balancing adjustments or conflict of interest. The Case Reassignment screen allows the supervisors and managers to perform this function.

Once you reassign a case, it does not show up on the new investigator's list until the actual effective date of the transfer. When you reassign a case in the future to an investigator, the current investigator continues to have access and control of the case until the effective date of transfer. You cannot reverse the reassignment until the new investigator has received it.

NOTE: You must reassign referrals before access to EPICS is terminated. You cannot reassign cases for a worker whose access has been terminated.

A. Case Reassignment Field Definitions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
CURRENT INVESTIGATOR	A unique number assigned by the county to identify the investigator currently assigned to the case	X		
STARTING REFERRAL ID	10 digit Referral ID Number			X
S	The selection field for reassigning or viewing a specified referral	X		
REFERRAL	10-digit number generated by the system upon creation of a referral		X	
ST	A code representing the status of the referral		X	
PROGRAM	The benefit program in which the individual currently has an overpayment		X	

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
IND. ID	The Individual ID corresponding to the case head payee listed on the referral		X	
CLIENT NAME	The full name of the client listed on the referral		X	
NEW INVESTIGATOR	The investigator ID and full name of the new investigator being assigned to the case(s)	X		
EFFECTIVE DATE OF REASSIGNMENT	The date the case is to be effectively assigned to the new investigator	X		
COMMENTS	A description of why the transfer is occurring			X

B. Case Reassignment Function Keys

FUNCTION	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F5	To display the selected referral
F7	To display the previous screens (page up)
F8	To display the next screen (page down)
F11	To transfer the case(s) to a new investigator
F12	To cancel and return to the previous screen

C. Reassign A Case(s) To A New Investigator

- From the **Main Menu**, key the number 6 in the **Enter Option** field and press **Enter**. The MAINTENANCE MENU displays.

FR09 FRD0090	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM MAINTENANCE MENU	06/29/2004 11:32:38
1. County Transfer 2. Case Reassignment 3. Caseload Reassignment 4. Name Search / Name List		
Enter Option: _		
F1=HELP F3=EXIT		

2. From the MAINTENANCE MENU, key the number 2 in the **Enter Option** field and press **Enter**. The CASE REASSIGNMENT screen displays.

FR47	NC DHHS – ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	02/24/2004
FRCR	CASE REASSIGNMENT	11:11:04
CURRENT INVESTIGATOR _____ + _____ STARTING REFERRAL ID _____ CASE ASSIGNED EFFECTIVE REASSIGNMENT S REFERRAL ST PROG IND. ID CLIENT NAME		
NEW INVESTIGATOR _____ + _____ EFFECTIVE DATE OF REASSIGNMENT _____		
COMMENTS: _____		
F1=HELP F3=EXIT F4=LIST F5=DETAIL F7=PREV F8=NEXT F11=REASSIGN F12=CANCEL		

3. In the **INVESTIGATOR ID** field, enter the investigator's ID whose case(s)s are being reassigned.

NOTE: If you do not know the code or value for a field, you can use the **F4** function key, which displays a list of codes or values for selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field. If you choose this option, you will have to select the investigator from the **AUTHORIZED USER LIST** screen.

4. The **STARTING REFERRAL ID** field is an option field. You may enter the referral ID that you are reassigning or the referral ID you wish to begin with. The referral ID entered is displayed first in the list of referrals. If no **STARTING REFERRAL ID** is entered, all referrals are displayed. If the maximum number of scrollable pages are displayed, the error, 'FRDWR0C REACHED MAXIMUM NUMBER OF SCROLLABLE PAGES. PLEASE REQUERY' is displayed.

NOTE: You may enter the **STARTING REFERRAL ID** or remove the **STARTING REFERRAL ID** at any point; however, you must press the ENTER key after entering a new referral ID or removing the referral ID.

5. Use your **Tab** key to advance to the **NEW INVESTIGATOR** field.
6. In the **NEW INVESTIGATOR** field, enter the ID of the investigator who the case(s) are being reassigned to and press the **Enter** key. The full names of both investigators and the cases of the current investigator displays.
7. In the **S** column, key an S beside the case(s) to be reassigned.

NOTE: If you wish to view a particular referral before you transfer it to the new investigator, key an "s" in the **S** column of the referral you wish to view and press the **F5** function key. The Referral Detail 1 screen displays with the referral you selected. Press the **F12** function key to return to the **COUNTY TRANSFER** screen.

8. Use your **Tab** key to advance to the **EFFECTIVE DATE OF TRANSFER** field.
9. In the **EFFECTIVE DATE OF TRANSFER** field, key date the case(s) is to be effectively assigned to the new investigator.
10. In the **COMMENTS** field, enter any comments regarding the reassignment you wish to add.
11. Press the **F11** function key to transfer the case(s). A message displays at the bottom of the screen: *Action completed successfully* and an "★" will appear beside the case(s) you selected in the **S** column.
12. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

V. CASELOAD REASSIGNMENT

There will be circumstances, e.g. an investigator retires, moves on to other responsibilities within Program Integrity or elsewhere, leaves Program Integrity voluntarily or involuntarily, etc., that requires their entire workload to be transferred to another investigator. The Caseload Reassignment screen allows the supervisors to perform this function.

A. Caseload Reassignment Field Definitions

FIELD	DESCRIPTION	REQUIRED	SYSTEM GENERATED	OPTIONAL
TRANSFER FROM INVESTIGAOR	A unique number assigned by the county to identify the investigator currently assigned to the case.	X		
NAME (1 ST TIME)	The full name of the investigator currently assigned to the case.		X	
TRANSFER TO INVESTIGATOR	A unique number assigned by the county to identify the investigator the case is being reassigned to.	X		
NAME (2 ND TIME)	The full name of the investigator the case is being reassigned to.		X	
EFFECTIVE DATE OF TRANSFER	The date the caseload is to be effectively assigned to the new investigator.	X		
COMMENTS	A description of why the transfer is occurring.			X

B. Caseload Reassignment Function Keys

FUNCTION	Description
F1	To access EPICS on-line help
F3	To exit and return to the Main Menu
F4	To display a list
F11	To transfer the caseload to a new investigator
F12	To cancel and return to the previous screen

C. Reassign A Caseload To A New Investigator

1. From the **MAIN MENU**, key the number 6 in the **ENTER OPTION** field and press **Enter**. The MAINTENANCE MENU displays.

FR09 FRD0090	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM MAINTENANCE MENU	06/29/2004 11:32:38
<p>1. County Transfer</p> <p>2. Case Reassignment</p> <p>3. Caseload Reassignment</p> <p>4. Name Search / Name List</p> <p>Enter Option: _</p> <p>F1=HELP F3=EXIT</p>		

2. From the **MAINTENANCE MENU**, key the number 3 in the **ENTER OPTION** field and press **Enter**. The CASELOAD REASSIGNMENT SCREEN displays.

FR51 FRLR	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM CASELOAD REASSIGNMENT	06/29/2004 11:37:46
<p>REASSIGN FROM INVESTIGATOR ____ + NAME: _____</p> <p>REASSIGN TO INVESTIGATOR ____ + NAME: _____</p> <p>EFFECTIVE DATE OF REASSIGNMENT _____</p> <p>COMMENTS: _____ _____</p> <p>F1=HELP F3=EXIT F4=LIST F11=REASSIGN F12=CANCEL</p>		

3. In the **TRANSFER FROM INVESTIGATOR** field, enter the investigator ID whose caseload you are reassigning.

NOTE: If you do not know the code or value for a field, you can use the = and **F4** function keys to display a list of codes or values for the selection. This field attribute is only available for those fields that contain a + (plus sign) to the right of the field. If you choose this option, you will have to select the investigator from the **AUTHORIZED USER LIST** screen.

4. Use your **Tab** key to advance to the **TRANSFER TO INVESTIGATOR** field.

5. In the **TRANSFER DATE TO INVESTIGATOR** field, enter the ID of the investigator who the caseload is being reassigned to and press the **Enter** key. The full names of both investigators display.
6. In the **EFFECTIVE DATE OF TRANSFER** field, key date the caseload is to be effectively assigned to the new investigator.
7. In the **COMMENTS** field, enter any comments regarding the reassignment you wish to add.
8. Press the **F11** function key to transfer the caseload. A message displays at the bottom of the screen: *Action completed successfully.*
9. To exit and return to the **MAIN MENU**, press the **F3** function key. The **MAIN MENU** displays.

VI. NAME SEARCH/NAME LIST

The Name Search/Name List option allows direct entry into the Name Search process. From the Maintenance Menu, enter option 4.

FR09 FRD0090	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM MAINTENANCE MENU	08/25/2004 08:13:02
-----------------	---	------------------------

1. County Transfer

2. Case Reassignment

3. Caseload Reassignment

4. Name Search / Name List

Enter Option: _

F1=HELP F3=EXIT

A. Assign An Individual ID Number

1. Complete a name search on the individual for which an individual ID number is required. You may search in one of four ways which is outlined on the screen.

FR78 FRD0750	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM Name Search	08/25/2004 08:15:02
-----------------	--	------------------------

Last Name: _____ First Name: _____ Middle Initial: _
Sex Code: _ Date Of Birth: _____
SSN : _____ Individual ID: _____ Case ID: _____

To search, use either :-
1. Last Name, First Name, Sex Code and Date of Birth only
or, 2. SSN only
or, 3. Individual ID only
or, 4. Case ID only

F3=EXIT F4=CLEAR F12=CANCEL

2. Press Enter. The Name List screen displays.

FR78	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM		
08/25/2004			
FRD0770	NAME LIST		08:16:14
Results for: TEST REL F 19570921_____			
Sel SSN	Last Name	First Name	MI DOB Sex Indiv ID
EIS Cnty	FSIS Cnty	Program Case ID	Race Ethnicity Language
F1=HELP F3=EXIT F7=PREV F8=NEXT F11=CLIENT F12=CANCEL			

3. If the individual is not displayed, press the F11 function key to display the Maintain Client screen.

FR04	NC DHHS - ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM	08/25/2004
FRD0350	MAINTAIN CLIENT	08:18:43
INDIVIDUAL ID: 000000000 _		
NAME: _____		
SSN: _____		
DOB: 00/00/0000 SEX: _ RACE: _____ + ETHNICITY: _ + LANGUAGE: __ +		
ADDRESS: _____ TYPE: PHYS_		
_____ COUNTY CODE: ____ +		
PHONE NUMBER: _____ TYPE: HOME_		
____ EXT: _____		
F1=HELP F2=CLEAR F3=EXIT F6=ADD F9=UPDATE F12=CANCEL		

4. From the Maintain Client screen, key:
- a. Name
 - b. SSN (if no ssn, enter zeroes)
 - c. Date of Birth
 - d. Sex
 - e. Race – Up to 5 race codes may be entered.

1. The valid race codes are:

Code	Description
A	Asian
B	Black or African American
I	American Indian or Alaska Native
P	Native Hawaiian Or Other Pacific Islander
U	Unknown
W	White

2. Multiple race codes are not allowed if one of the race codes is 'U'. The following error message is displayed:

MULTIPLE VALUES FOR RACE CODE IS NOT ALLOWED IF ONE OF THEM IS A 'U'

3. If no race code is entered, the field is highlighted and the following error message is displayed:

MANDATORY FIELD DATA IS MISSING

4. If an invalid race code is entered, the following error message is displayed:

INVALID RACE CODE CHECK MANUAL

f. Ethnicity

1. The valid Ethnicity codes are:

Code	Description
C	Hispanic Cuban
H	Hispanic Other
M	Hispanic Mexican American
N	Not Hispanic or Latino
P	Hispanic Puerto Rican
U	Unreported

2. If no Ethnicity code is entered, the field is highlighted and the following error message is displayed:

MANDATORY FIELD DATA IS MISSING

3. If an invalid Ethnicity code is entered, the following error message is displayed:

INVALID ETHNICITY CODE, CHECK MANUAL

g. Language

1. The valid Language codes are:

Code	Description
AR	Arabic
CA	Cambodian
CH	Chinese
EN	English
FC	French Creole
FR	French
GE	German
GR	Greek
GU	Gujarati
HI	Hindi
HM	Hmong
HU	Hungarian
IT	Italian
JA	Japanese
KO	Korean
LA	Laotian
MI	Miao
MK	Mon-Khmer
OT	Other
PC	Portuguese Creole
PE	Persian
PG	Portuguese
PO	Polish
RU	Russian
SC	Serbo-Croatian
SP	Spanish
TA	Tagalog
TH	Thai
UR	Urdu
VI	Vietnamese

2. If no Language code is entered, the field is highlighted and the following error message is displayed:

MANDATORY FIELD DATA IS MISSING

3. If an invalid Language code is entered, the field is highlighted and the following error message is displayed:

INVALID LANGUAGE PREF CODE, CHECK MANUAL

h. Address

If the address is not entered, the field is highlighted and the following error message is displayed:

MANDATORY FIELD DATA IS MISSING

i. Address Type

The Address Type field is populated by EPICS with PHYS and is protected.

i. County Code

If the three digit County Code is not entered, the field is highlighted and the following error message is displayed:

MANDATORY FIELD DATA IS MISSING

k. Phone Number

The Phone Number field is an optional field.

l. Phone Number Type

The Phone Number Type field is populated by EPICS with HOME and is protected.

- m. Press the F6 function key to assign the individual ID number. When the assignment is successful, the individual ID number is displayed in the Individual ID field and following message is displayed:

Person and Address Created Successfully

- n. Press the F12 function key twice to return to the Maintenance Menu. Press the F3 function key to return to the Main Menu.

B. Update of Individual Demographic Data

All demographic data is protected and **cannot** be changed/updated thru EPICS. Demographic data must be changed/updated in either EIS or FSIS thru the Name Change function.

C. Change Address And/Or Phone Number

1. From the Name Search screen, complete a Name Search using one of the four ways outlined on the Name Search Screen. Press Enter.
2. From the Name List screen, enter an 'S' under 'SEL' by the individual for which the change is needed and press the F11 function key.
3. From the Maintain Client screen, change the address and/or phone number. Press the F9 function key. When the update is successful, the following message is displayed:

Address Updated and Phone Created Successfully

4. Press the F12 function key twice to return to the Maintenance Menu. Press the F3 function key to return to the Main Menu.

VII. UTILIZING F4

If you do not know the code or value for a field, use the F4 function key to display a list of codes or values for the selection. This field attribute is not available for only those fields that contain a + (plus sign) to the right of the field.

To enter field details using F4:

1. In the field that contains a + (plus sign) to the right of the field, key = (equal sign) and press the **F4** function key. The specific code list screen displays.
2. To select a code or value, tab to the appropriate code/value in the **S** column and key s.
3. Press **Enter**. The previous screen displays with the field populated with the selected code or value.
4. Continue entering or updating the screen details.

1900 – GLOSSARY

Change #1-2004
July 1, 2004

1ST PAYMENT DUE DATE. The client's first payment due date.

A

ACCEPTANCE DATE. The day (MM/DD/YYYY) the investigator accepts the referral.

ADDRESS TYPE. The type of address the client uses (e.g. Physical address). See Appendix A.

AGENCY ERROR. An overissuance made to a client caused by the County or State.

AGENCY ERROR TYPE. Defines the type of agency error as State, or County. See Appendix B.

ALIAS NAMES. One or more alternate names for the client.

ALIAS SOCIAL SECURITY NUMBERS. One or more social security numbers used by the client.

ALLEGATIONS. A description of the alleged fraud.

ASSIGNMENT DATE. The day (MM/DD/YYYY) the referral was assigned to the investigator.

C

CASE ID. The Program Case ID associated with the referral.

CASEWORKER ID. A unique number that identifies the caseworker. Also known as the IMC ID number.

CASE REASSIGNMENT. The ability to reassign a case from one investigator to another.

CASELOAD REASSIGNMENT. The ability to reassign an entire caseload from one investigator to another.

CHECK NUMBER. The number of the check received from the payor.

CIVIL JUDGEMENT DATE. Date (MM/DD/YYYY) that indicates when a civil judgement was entered against the debtor.

CLAIM. Established overpayment subject to collection process.

CLAIM TYPE. The type of overpayment claim (Suspected Claim, Agency Error, Intentional Program Violation, etc.). See Appendix B.

CLIENT NAME. Name of the client who is Head of Household or Case Head Payee.

CLOSED. A "Y" or "N" value used to close a referral.

COLLECTION. A referral status indicating that payments can be applied to the claim.

COLLECTION FLAG. A "Y" or "N" value indicating whether a claim is currently being collected upon.

COLLECTOR. The caseworker number of the person currently responsible for collecting the funds as a result of an overpayment.

COMMENTS. The text field used to record comments relating to the claim

CONTACT NAME. The first and last name of the authorized user designated to handle disqualification verifications for the specified county.

CONTACT TITLE. A text field containing the official job title of the authorized user.

COUNTY CASE NUMBER. The county case number associated with the referral.

COUNTY CODE. A code used to uniquely identify the county. See Appendix E.

COUNTY TRANSFER. The process of transferring ownership of established claims. Claims can be transferred to another county due to the relocation of the person on the referral/claim.

COUNTY WORKER NUMBER. The county worker IMC ID number

CRIMINAL JUDGEMENT DATE. Date (MM/DD/YYYY) that indicates when a criminal judgement was entered against the debtor.

CURRENT BALANCE. The current amount due on the claim.

D

DATE CLOSED. Day (MM/DD/YYYY) the referral was closed.

DATE OF BIRTH (DOB). The day (MM/DD/YYYY) the person was born.

DATE RECEIVED. Day (MM/DD/YYYY) the payment is received.

DATE SIGNED. (MM/DD/YYYY) the repayment agreement was signed by the debtor.

DEBTOR(S). Person(s) financially responsible for the repayment of a claim.

DISQUALIFICATION(S). A penalty(s) invoked for a person convicted of an Intentional Program Violation. The disqualification restricts a person from receiving benefits for a period of time as defined by program policy, depending upon the number of offenses recorded for the person in the past. Applies to WF and FS only.

DISQUALIFICATION NUMBER. A number that identifies how many offenses an individual has had imposed. Applies to WF and FS only. See Appendix D.

DISQUALIFICATION METHOD. The method by which the disqualification was established. Applies to WF and FS only. See Appendix D.

DISQUALIFICATION PERIOD. A number of months identifying the length of the disqualification. Applies to WF and FS only. See Appendix D.

DISQUALIFICATION DECISION DATE. Date (MM/DD/YYYY) a decision for the disqualification was made. Applies to WF and FS only.

Beginning date (MM/DD/YYYY) for the disqualification. Applies to WF and FS only.

E

EIS/FSIS ADDRESS. The client's address that is posted in EIS/FSIS.

EPICS ADDRESS. An address that Program Integrity uses that is different from the address in EIS/ESIS.

F

FIRST NAME. The client's or debtor's first name from Name Search (CNDS).

FRONT-END REFERRAL. Code used for the type of referral that resulted from an application with questionable information.

1000000

INITIAL BALANCE DUE. Total amount of the established overpayment.

INTENTIONAL PROGRAM VIOLATION. A claim type used by all Programs. Known to Medicaid as Fraud.

INVESTIGATOR ID. The ID of the investigator currently assigned to the case.

L

LAST ACTIVITY DATE. Date on which the last activity occurred.

M

METHOD OF COLLECTION. The means by which the overpayment is collected. See Appendix C.

MIDDLE INITIAL. The client's or debtor's middle initial of the full name.

N

NAME. The Last Name, First Name, Middle Initial of the client or debtor.

NATURE OF REFERRAL. Code used to designate the nature of suspected. See Appendix A.

NEW INVESTGIATOR. The investigator ID and full name of the new investigator being assigned to the specified cases.

NUMBER OF PAYMENTS. The total number of payments required by the debtor to pay off the balance of the claim.

O

OPEN DATE. Date (MM/DD/YYYY) The investigator opened the case.

ORIGINATING COUNTY. The ID for the county in which the suspected overpayment took place.

OTHER REFERRAL. A code used for Type of Referral.

OVERPAYMENT AMOUNT. The established amount due from the claim.

OVERPAYMENT BEGIN DATE. Start date of the overpayment.

OVERPAYMENT END DATE. End date of the overpayment.

OVERPAYMENT PERIOD. Actual beginning and ending date of the overpayment.

OVERPAYMENT/OVERISSUANCE PERIOD. Actual beginning and ending date of the overpayment overissuance.

OVERPAYMENT/OVERISSUANCE BALANCE. Current balance of the claim.

P

PAYMENT AMOUNT. The debtor's monthly payment.

PAYMENT METHOD. Method the debtor is expected to use to make payment. See Appendix B.

PAYOR NAME. The Last Name, First Name, and Middle Initial of the person making the payment.

PENDING. One of the codes used for Referral Status.

PHONE NUMBER. The client's or debtor's phone number.

PHONE TYPE. The type of phone number the client uses (e.g. home). See Appendix A.

PROGRAM CODE. The benefit program associated with the referral. See Appendix A.

PROJECT RECALL REFERRAL. A code used for the Type of Referral.

R

RACE. The race of the client or debtor. See Appendix B.

REASON CLOSED. The text field used to describe the reason the referral was closed.

RECEIPT NUMBER. The payment receipt number.

REFERRAL. The origination point for a claim in EPICS.

REFERRAL DATE. The date (MM/DD/YYYY) the referral was initiated.

REFERRAL DETAIL. Screen used to display, update, or add referrals to the EPICS system.

REFERRAL ID. A system generated ID number that is assigned to a referral/claim throughout the EPICS process.

REFERRAL LIST. A list of referrals assigned to a specific investigator within a specific county, or unassigned within a specific county.

REFERRAL SOURCE. The two-digit code that represents the source of the violation. See Appendix A.

REFERRAL STATUS. Defines the current status of the referral. See Appendix A.

REFERRAL TYPE. Defines the type of referral a client has (Regular, Project Recall, Front-End, Other). See Appendix A.

REFERRING PERSON. Name of the person providing the investigator with the referral. NOTE: This person can be anonymous.

REFERRING PERSON PHONE. The referring person's phone number.

REGION. Code used to identify the region within the state where the county is located.

REGULAR REFERRAL. A code used for Type of Referral.

REPAYMENT AGREEMENT. A formal document signed by the debtor, indicating the method in which the overpayment amount will be repaid.

S

SERVICE CODE. Code identifying the type of Medicaid Services provided during the overpayment period. See Appendix B.

SEX. Code indicating the sex of the client or debtor. See Appendix B.

SOCIAL SECURITY NUMBER. The client's or debtor's social security number.

START DATE. Effective date (MM/DD/YYYY) a new user is assigned to an authorized user detail group.

SUBSTANTIATION METHOD. Method by which the allegation was substantiated as IPV. See Appendix B.

SUSPECTED AMOUNT. The suspected amount of money involved in the alleged overpayment/overissuance.

SUSPECTED OVERPAYMENT/OVERISSUANCE PERIOD. The suspected beginning and ending date of the alleged overpayment/overissuance.

T

TAX INTERCEPT COORDINATOR. The individual designated to coordinate tax intercept activities for a specified county.

TERMINATED. A claim that has been terminated.

TITLE. The title of the Notepad entry.

TRANSFERRED. The action taken to move a client's EPICS case from one county to another.

TRANSFER DATE. The date (MM/DD/YYYY) the claim was transferred from one county to another.

TYPE OF CLAIM. Identifies the type of overpayment claim. See Appendix

U

UNASSIGNED. One of the codes used for Referral Status.

USER ID. The RACF ID used to log into the Mainframe.

A. REFERRAL TYPE

TYPE	DESCRIPTION
F	Front End
O	Other
P	Project Recall
R	Regular

B. REFERRAL STATUS

STATUS	DESCRIPTION
AC	Accepted
CL	Closed
CO	Collections
IN	Investigation
OT	Out of State Transfer
PE	Pending
TE	Terminated
UN	Unassigned

C. PROGRAM CODES

CODE	DESCRIPTION
AAFC	Aid to families with dependent children (AFDC) and Now Work First (Medicaid only)
AFDC	Aid to families with dependent children
FS	Food Stamps
HSF	Foster Care – Non-Title IV-E Foster Care (Medicaid only) *Classification: M, N
IAS	Title IV-E Adoption Subsidy/Foster Care (Medicaid only) *Classification: C, M
MAA	Medicaid – Aid to the Aged (Medicaid only) *Classification: B, C, F, G, H, I, M, N, O, P, Q, R
MAB	Medicaid – Aid to the Blind (Medicaid only) *Classification: B, C, F, G, H, I, M, N, O, P, Q, R
MAD	Medicaid – Aid to the Disabled (Medicaid only) *Classification: B, C, F, G, H, I, M, N, O, P, Q, R
MAF	Medicaid – Aid to Families with Dependent Children (Medicaid only) *Classification: C, F, G, H, I, M, N, O, P, R, T, U, V, W
MIC	MIC Medicaid & NC Health Choice – Aid to Infants and Children (Medicaid & NCHC only) *Classification: F, G, H, I, J, K, L, M, N, S
MPW	Medicaid – Aid to Pregnant Women (Medicaid only) *Classification: F, G, H, I, N
MQB	Qualified Beneficiaries, which supplements Medicare payments (Medicaid only) *Classification: B, E, Q
MRF	Medicaid – Refugees (Medicaid only) *Classification: M, N
MSB	Medicaid – Special Assistance to the Blind (Medicaid only) *Classification: C
RRF	Refugee Assistance (Medicaid only)
SAA	Special Assistance – Aid to the Aged (Medicaid only) *Classification: C, Q
SAD	Special Assistance – Aid to the Disabled (Medicaid only) *Classification: C, Q
TANF	Temporary Assistance to Needy Families

***Classification:** Each Medicaid program code has a classification. The classification is added to the program code as a suffix (or last letter of the program code), i.e., MAAC, MAAN, and MAFF.

D. REFERRAL SOURCE

SOURCE	DESCRIPTION
AK	Interstate Match – Alaska
AL	Interstate Match – Alabama
AZ	Interstate Match – Arizona
CA	Interstate Match – California
CO	Interstate Match – Colorado
CT	Interstate Match – Connecticut
DC	Interstate Match – District of Columbia
DE	Interstate Match – Delaware
FL	Interstate Match – Florida
GA	Interstate Match – Georgia
HI	Interstate Match – Hawaii
IA	Interstate Match – Iowa
ID	Interstate Match – Idaho
IL	Interstate Match – Illinois
IN	Interstate Match – Indiana
KS	Interstate Match – Kansas
KY	Interstate Match – Kentucky
LA	Interstate Match – Louisiana
MA	Interstate Match – Massachusetts
MD	Interstate Match – Maryland
ME	Interstate Match – Maine
MI	Interstate Match – Michigan
MN	Interstate Match – Minnesota
MO	Interstate Match – Missouri
MS	Interstate Match – Mississippi
MT	Interstate Match – Montana
NC	Interstate Match – North Carolina
ND	Interstate Match – North Dakota
NE	Interstate Match – Nebraska
NH	Interstate Match – New Hampshire
NJ	Interstate Match – New Jersey
NM	Interstate Match – New Mexico
NV	Interstate Match – Nevada
NY	Interstate Match – New York
OH	Interstate Match – Ohio
OK	Interstate Match – Oklahoma
OR	Interstate Match – Oregon
OT	Out of State Transfer
PA	Interstate Match – Pennsylvania
RI	Interstate Match – Rhode Island
SC	Interstate Match – South Carolina
SD	Interstate Match – South Dakota
TN	Interstate Match – Tennessee
TX	Interstate Match – Texas
UT	Interstate Match – Utah

SOURCE	DESCRIPTION
VA	Interstate Match – Virginia
VT	Interstate Match – Vermont
WA	Interstate Match – Washington
WI	Interstate Match – Wisconsin
WV	Interstate Match – West Virginia
WY	Interstate Match – Wyoming
01	Quality Control (QC) Review/Referral
02	Employee Security Commission (ESC)
03	Audit Finding
04	County Discovery
05	Department of Motor Vehicle (DMV) Match
06	Financial Resource Report (IRS) Match
07	Management Evaluation (ME)
08	Repayment of Benefits Continued Pending Hearing Decision
09	Citizens Report
11	Law Enforcement Agency Report
12	SDX
13	Bendex
14	Unemployment Insurance Benefits – IEVS
15	Beneficiary Earnings Exchange Report (BEER)
16	Credit Bureau Match
17	Veteran’s Administration Match
18	Electronic Benefit Transfer (EBT)
19	Disaster 1
20	Disaster 2
21	Disaster 3
22	Issuance Error
23	Third Party Query (TPQY)
24	State On-line Query (SOLQ)
25	Department of Correction
26	SSA/Death Match (FS Only)
27	Prisoner Match (FS Only)
28	Interstate Match – Pennsylvania Dept. of Labor
99	Other or Unknown

E. NATURE OF REFERRALS

NATURE	DESCRIPTION
E	Earned Income
O	Other
R	Reserve
U	Unearned Income

F. ADDRESS TYPES

TYPES	DESCRIPTION
Bill	Billing
Intc	Intercept
Mail	Mailing
Phys	Physical

G. PHONE TYPES

TYPES	DESCRIPTION
Bus	Business Phone
Home	Home Phone
Other	Other Phone

H. SELECTION CODES

CODES	DESCRIPTION
A	Add (Alias Name, EPICS Address, Phone Number, & Alias Social Security Number)
D	Delete (Social Security Number Only)
U	Update (Address & Phone Number)

2100 – APPENDIX B: CLAIM CODES

Change #2-2004
September 13, 2004

A. MEDICAID SERVICE CODES

CODE	DESCRIPTION
01	Inpatient Hospital- (Claim Types S, X)
02	Outpatient Hospital- (Claim Types M, W)
03	Dental (Claim Type K)
04	Drugs (Claim Type D)
05	Physician (Claim Types J, L, O, P)
06	Home Health/Hospice/PCS (Claim Type Q)
09	Medicare Part A or Part B Premium
11	Nursing Home/PCS in ACH (Claim Type T)
67	NC Health Choice Premium
71	Medicaid Transportation

B. CLAIM TYPE

TYPE	DESCRIPTION
AE	Agency Error
IHE	Inadvertent Household Error/Client Error
IPV	Intentional Program Violation/Fraud
P	Undetermined Pending Criminal Court
S	Suspected Claim
SIE	State Issuance Error (Food Stamps only)
U	Undetermined Pending ADH
US	Unsubstantiated

C. AGENCY ERROR TYPE

TYPE	DESCRIPTION
C	County
S	State

D. SUBSTANTIATION METHOD (IPV)

METHOD	DESCRIPTION
A	Court of Appeals
C	DQ Consent Agreement
D	District Court Action
H	Administrative Disqualification Hearing (ADH)
S	Superior Court Action
W	Waiver of ADH

E. DELETE REASON CODE - CLAIM

CODE	DESCRIPTION
B	Bankruptcy
D	Death (no estate)
E	Entered in error or individual not financially responsible
O	Other

F. SEX

SEX	DESCRIPTION
F	Female
M	Male

G. RACE

CODE	DESCRIPTION
A	Asian
B	Black or African American
I	American Indian or Alaska Native
U	Unknown
W	White
P	Native Hawaiian or other Pacific Islander

H. ETHNICITY

CODE	DESCRIPTION
C	Hispanic Cuban
H	Hispanic
M	Hispanic Mexican American
N	Not Hispanic or Latino
P	Hispanic Puerto Rican
U	Unreported

I. LANGUAGE

CODE	DESCRIPTION
AR	Arabic
CA	Cambodian
CH	Chinese
EN	English
FC	French Creole
FR	French
GE	German
GR	Greek
GU	Gujarati
HI	Hindi
HM	Hmong
HU	Hungarian
IT	Italian
JA	Japanese
KO	Korean
LA	Laotian
MI	Miao
MK	Mon-Khmer
OT	Other
PC	Portuguese Creole
PE	Persian
PG	Portuguese
PO	Polish
RU	Russian
SC	Serbo-Croatian
SP	Spanish
TA	Tagalog
TH	Thai
UR	URDU
VI	Vietnamese

J. DELETE REASON CODE – DEBTOR

CODE	DESCRIPTION
B	Bankruptcy
D	Death (no estate)
E	Entered in error or individual not financially responsible
O	Other

K. NC DEBT SETOFF (NC TAX INTERCEPT INDICATOR) – DEBTOR

CODE	DESCRIPTION
H	Hearing in process
L	Litigation in process
S	State Controller Waived
X	Permanently Excluded
D	Due Process 30-Day Period
Y	Claim was selected for setoff

L. FEDERAL TAX INTERCEPT INDICATOR (FOOD STAMPS ONLY) – DEBTOR

INDICATOR	DESCRIPTION
A	Address Request for Pre-Offset
B	Begin 60 Day Notice Period
C	Certified Request on Top file
D	Certified But Deferred Due to Delinquency Rule
E	Exempt TOP During 60-Day Notice Due to Repayment
H	Hearing in Progress – Blocks Certification
I	Inactivate request on Top file
L	Litigation in Progress – Blocks Certification
P	Permanently close offset request
S	State Controller waived – Blocks Certification
X	Permanently blocked Certification

M. FEDERAL TAX INTERCEPT APPEAL INDICATOR – DEBTOR

INDICATOR	DESCRIPTION
N	Appeal Denied (Appeal in favor of the County)
R	Request for Appeal
W	Waived Appeal
Y	Appeal in favor of Debtor

N. FREQUENCY – REPAYMENT APPROACH

FREQUENCY	DESCRIPTION
B	Bi-Weekly
M	Monthly
Q	Quarterly
W	Weekly

O. PAYMENT METHOD – REPAYMENT APPROACH

METHOD	DESCRIPTION
A	Garnishment – Article 60
ADJ	Adjustment
C	Cash
CI	Civil Court
CR	Criminal Court
EB	EBT (Food Stamps only)
G	Garnishment
H	Garnishment – Hatch Act
N	State Intercept
O	Offset (Food Stamps only)
R	Recoupment
S	Stamps (Food Stamps only)
T	Federal Intercept
V	Voluntary Payroll deduction

A. METHOD OF COLLECTION

TYPE	DESCRIPTION
AJCA	Adjustment Compromise Amount
AJCD	Adjustment Decrease Current Balance
AJCI	Adjustment Increase Current Balance
AJUC	Adjustment Uncompromise Amount
C	Cash
EB	Electronic Benefit Transfer (EBT)
FSC	Food Stamp Cash (FS Only). Begin FS recoupment next month. This allows payments until recoupment begins when the repayment agreement contains a payment method of 'R'.
EX	Expungement
LR	Local Recoupment (AFDC/TANF, FS Only)
N	State Intercept
O	Offset against Restored FS benefits (Food Stamps Only)
R	Recoupment
S	Stamps (Food Stamps Only)
T	Federal Intercept (Food Stamps Only)

B. APL IND (NC TAX INTERCEPT APPEAL INDICATOR)

CODE	DESCRIPTION
C	Payment Correction (State staff only)
N	Appeal Denied
O	Other
R	Request for Appeal
W	Waived Appeal
Y	Appeal in favor of Debtor

2300 – APPENDIX D: DISQUALIFICATION CODES

**Change #1-2004
 July 1, 2004**

NOTE: Appendix D applies to WF and FS only.

A. DISQUALIFICATION NUMBER (IPV)

NUMBER	DESCRIPTION
1	First
2	Second
3	Third

B. DISQUALIFICATION METHOD

METHOD	DESCRIPTION
A	Court of Appeals
C	DQ Consent Agreement
D	District Court Action
H	Administrative Disqualification Hearing
S	Superior Court Action
W	Waiver of Administrative Disqualification Hearing

C. DISQUALIFICATION PERIOD

PERIOD	DESCRIPTION
1-96	Number of Months
97	10 Years Dual Participation
98	Greater than 96 Months
99	Lifetime (Permanent Disqualification)

D. DQ OFFENSE CODE

CODE	DESCRIPTION
A	Drug Trafficking Conviction Involving Less Than \$500
B	Any Trafficking Conviction (Including Drugs) Involving \$500 or More
C	Firearms Trafficking Conviction Any Amount
D	Trafficking, Administrative Finding
E	Duplicate Participation
F	Application Fraud, Including Non Report of Changes
Z	Other Intentional Program Violations

COUNTY CODES

CODE	COUNTY
001	Alamance
002	Alexander
003	Alleghany
004	Anson
005	Ashe
006	Avery
007	Beaufort
008	Bertie
009	Bladen
010	Brunswick
011	Buncombe
012	Burke
013	Cabarrus
014	Caldwell
015	Camden
016	Carteret
017	Caswell
018	Catawba
019	Chatham
020	Cherokee
021	Chowan
022	Clay
023	Cleveland
024	Columbus
025	Craven
026	Cumberland
027	Currituck
028	Dare
029	Davidson
030	Davie
031	Duplin
032	Durham
033	Edgecombe
034	Forsyth
035	Franklin
036	Gaston
037	Gates
038	Graham
039	Granville
040	Greene
041	Guilford
042	Halifax

ENTERPRISE PROGRAM INTEGRITY CONTROL SYSTEM (EPICS)
Change #1-2004 APPENDIX E: CASE MAINTENANCE CODES July 1, 2004
COUNTY CODES (Continued)

CODE	COUNTY
043	Harnett
044	Haywood
045	Henderson
046	Hertford
047	Hoke
048	Hyde
049	Iredell
050	Jackson
051	Johnston
052	Jones
053	Lee
054	Lenoir
055	Lincoln
056	Macon
057	Madison
058	Martin
059	McDowell
060	Mecklenburg
061	Mitchell
062	Montgomery
063	Moore
064	Nash
065	New Hanover
066	Northampton
067	Onslow
068	Orange
069	Pamlico
070	Pasquotank
071	Pender
072	Perquimans
073	Person
074	Pitt
075	Polk
076	Randolph
077	Richmond
078	Robeson
079	Rockingham
080	Rowan
081	Rutherford
082	Sampson
083	Scotland
084	Stanly
085	Stokes
086	Surry
087	Swain
088	Transylvania
089	Tyrrell

COUNTY CODES (Continued)

CODE	COUNTY
090	Union
091	Vance
092	Wake
093	Warren
094	Washington
095	Watauga
096	Wayne
097	Wilkes
098	Wilson
099	Yadkin
100	Yancey

2500 – APPENDIX F: REPORTS

Change #1-2005

March 1, 2005

APPENDIX F: REPORTS

100 REPORT SERIES CREATED DAILY

200 REPORT SERIES CREATED WEEKLY

400 REPORT SERIES CREATED MONTHLY (EXCEPT 428Q 428Y AND FRD 431)

500 REPORT SERIES CREATED QUARTERLY

FRD 431 IS CREATED BI-WEEKLY

A. FOOD STAMPS REPORTS

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD108	FS LOI DATA	SHOWS LETTER OF OVERISSUANCE INFORMATION FOR FOOD STAMP CLAIMS	DAILY 90 days
FRD221-1	TOP PRE-OFFSET ADDRESS UNPROCESSABLE	SHOWS FOOD STAMP CLAIMS THAT WERE NOT PROCESSABLE BY TOP	WEEKLY 90 versions
FRD221-3	60 DAY NOTICE REPORT	LISTS THE CLAIM DEBTORS THAT WERE SENT THE 60 DAY NOTICE	WEEKLY 120 versions
<u>FRD222-2</u>	<u>CLAIMS CERTIFIED FOR TOP OFFSET</u>	<u>LISTS CLAIMS CERTIFIED FOR TOP OFFSET</u>	<u>WEEKLY</u> <u>156 versions</u>
FRD406-2	CLAIMS SELECTED FOR TOP PRE-OFFSET ADDRESS REQUEST	LISTS THE CLAIM DEBTORS THAT WERE SELECTED FOR TOP PRE-OFFSET ADDRESS REQUEST	MONTHLY 15 versions
FRD406-3	CLAIMS EXEMPT FROM TOP PRE-OFFSET ADDRESS REQUEST	LISTS THE CLAIM DEBTORS THAT WERE EXEMPT FROM TOP PRE-OFFSET REQUEST	MONTHLY 15 versions
FRD410 MAILED	CLAIMS TRACKING AND EXCEPTIONS REPORT	SHOWS OVERCOLLECTED FOOD STAMP CLAIMS	MONTHLY 36 versions
FRD416	CONSOLIDATED REPORT OF PAYMENTS	LISTS ALL FOOD STAMP CLAIM COLLECTIONS	MONTHLY 36 versions

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD452	CLAIMS EXEMPT FROM TOP	LISTS CLAIM DEBTORS THAT ARE EXEMPT FROM TOP	MONTHLY
FRD505	QUARTERLY STATUS OF CLAIMS	SHOWS THE STATUS OF ALL FOOD STAMP CLAIMS	QUARTERLY

B. FOOD STAMP AND TANF REPORTS

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD419	MONTHLY LISTING OF DISQUALIFIED RECIPIENT RECORDS	LISTS ALL IPV DISQUALIFICATIONS	MONTHLY
FRD422	INVESTIGATOR S MAINTENANCE REPORT	LISTS IPV DISQUALIFICATIONS THAT END IN THE UPCOMING MONTH	MONTHLY
MAILED	DISQUALIFICATIONS ENDING		

C. AFDC AND TANF REPORTS

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD108W	WF LOI DATA	SHOWS LETTER OF OVERISSUANCE INFORMATION FOR WORK FIRST CLAIMS	MONTHLY
FRD401	*EIS RECOUPMENT ERROR REPORT	LISTS CLAIMS WITH RECOUPMENTS THAT DO MATCH CLAIMS IN EPICS	MONTHLY
MAILED			
FRD401-2	ACTIVE WF CASES/ ACTIVE CLAIMS, NO EIS RECOUPMENT REPORT	IDENTIFIES WORK FIRST CASES THAT CONTAIN NO RECOUPMENT DATA AND THERE IS A RECOUPABLE CLAIM IN EPICS.	MONTHLY (LAST WORKNIGHT OF EACH MONTH)
FRD418	AFDC/TANF CROP REPORT	LISTS COUNTY RESPONSIBLE OVERPAYMENTS CLAIMS	MONTHLY
FRD506	4972 QUARTERLY REPORT OF OVERPAYMENTS IN AFDC/TANF	SHOWS AFDC AND TANF CLAIMS	QUARTERLY

D. MEDICAID REPORTS

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD108M	MA LOI DATA	SHOWS LETTER OF OVERISSUANCE INFORMATION FOR MEDICAID CLAIMS	MONTHLY
FRD470	MEDICAID PROFILE FOLLOW-UP CASE MANAGEMENT REPORT	IDENTIFIES CLAIMS FOR WHICH A MEDICAID RECIPIENT PROFILE MUST BE REQUESTED.	MONTHLY (LAST WORKNIGHT OF EACH MONTH)

E. AFDC/TANF, FOOD STAMP AND MEDICAID REPORTS

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD104 MAILED	COUNTY REFUND REPORT	LISTS OVERCOLLECTIONS ON CLAIMS (EXCEPT TOP AND DOR)	DAILY
FRD105	TOP AND DOR REFUND REPORT	LISTS ALL OVERCOLLECTIONS ON CLAIMS FOR TOP AND DOR	DAILY
FRD106	NC DEBT EST RFD	LIST ALL ESTIMATED OVERCOLLECTION ON CLAIMS FOR DOR	DAILY
FRD160	O APPEAL IND	LIST CLAIMS THAT HAVE AN A O IN THE APPEAL FIELD FOR DOR CLAIMS	DAILY
FRD204	UNASSIGNED CASES REPORT	SHOWS CASES THAT HAVE NOT BEEN ASSIGNED TO AN INVESTIGATOR	WEEKLY
FRD206	OVERRIDE EXCEPTIONS REPORT	LISTS CASES WHERE THE OVERRIDE FEATURE WAS USED	WEEKLY
FRD213	CLAIMS SELECTED FOR NC DEBT SETOFF	LISTS CLAIM DEBTORS THAT HAVE BEEN SELECTED FOR NC DEBT SETOFF	WEEKLY
FRD214	DOR DUPLICATE SSN	LISTS DEBTORS PRESENT IN EPICS THAT CONTAIN DUPLICATE SSN S/MULTIPLE INDIVIDUAL ID NUMERS	WEEKLY
FRD240	ZERO SSN REPT	LIST DEBTORS THAT HAVE ALL ZEROS FOR THE SSN	WEEKLY
FRD407	TIMELINESS RPT	DISPLAYS REFERRALS THAT CONTAIN A DATE OF DISCOVERY THAT IS SEVEN (7) MONTHS PRIOR TO THE RUN DATE OF THE REPORT.	MONTHLY

E. AFDC/TANF, FOOD STAMP AND MEDICAID REPORTS (Continued)

REPORT NUMBER	REPORT NAME	REPORT DESCRIPTION	FREQUENCY
FRD408	REFERRALS/CLAIMS ESTABLISHMENT AND BACKLOG REPORT FOR MONTH CCYY	DISPLAYS STATISTICS OF REFERRALS CREATED WITH A DATE OF DISCOVERY IN THE REPORT MONTH AND STATISTICS OF REFERRALS PENDING, ESTABLISHED, U/P CLAIMS, UNSUB/CLOSED CLAIMS, AND DELETED REFERRALS IN THE REPORT MONTH	MONTHLY
FRD420	CASELOAD DETAILS BY INVESTIGATOR ID/COUNTY CODE	LISTS EPICS REFERRALS ASSIGNED TO AN INVESTIGATOR	MONTHLY
FRD421	CASELOAD STATISTICS BY INVESTIGATOR ID	DISPLAYS THE OVERALL CASELOAD INFORMATION BY INVESTIGATOR ID	MONTHLY
FRD425 MAILED	INVESTIGATORS MAINTENANCE REPORT-DELINQUENCY	LISTS CLAIM DEBTORS THAT ARE DELINQUENT	MONTHLY
FRD428M FRD428Q FRD428Y	COUNTY COLECTIONS REPORT	LISTS COUNTY CLAIM COLLECTIONS AND INCENTIVES FOR THE APROPRIATE PROGRAMS AND LISTS FOOD STAMP REVERSALS	MONTHLY QUARTERLY YEARLY
FRD429	NCDEBT EXEMPT	LIST CLAIMS THAT HAVE BEEN EXEMPT FROM DOR PROCESSING	WEEKLY
FRD431	NC DEBT SETOFF 30 DAY NOTICE REPORT	LISTS CLAIM DEBTORS THAT WERE SENT THE 30 DAY NOTICE	BI-WEEKLY
FRD433	LETTER OF OVERISSUANCE	LISTS ALL DEBTORS WHO HAVE BEEN SENT LOI S	MONTHLY
FRD441	COLLECTIONS REPORT	SHOWS EPICS CLAIM PAYMENTS	MONTHLY
FRD501	LIST OF ACTIVE CLAIMS	LISTS ACTIVE CLAIMS	QUARTERLY
FRD503	CLAIMS BY SOURCE CODE	SHOWS THE TOTAL CLAIMS BY SOURCE CODE	QUARTERLY
FRD509 MAILED	CASES CLOSED TERMINATED, TRANSFERRED, AND DELETED	LISTS CLAIMS THAT HAVE BEEN CLOSED, TERMINATED, TRANSFERRED AND DELETED	QUARTERLY

F. FOOD STAMPS REPORTS

1. FRD221-1: TOP PRE-OFFSET ADDRESS UNPROCESSABLE REPORT

REPORT PURPOSE:

This report is used to show food stamps claims that were submitted for TOP for pre-offset address request, but were not processable by TOP.

ACTION REQUIRED:

TOP provides rejection codes for claim debtors that are on the Pre-offset Address Unprocessable Report. The rejection codes with an explanation are 01-SSN Mismatch, 02-Name Mismatch, and 03-Unspecified. Codes 01 and 02 can be corrected. However code 03 cannot be corrected due to lack of information to determine what exactly is being rejected.

REPORT SCHEDULE:

Runs on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD:

Three Years

FRD221-1 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name of the county the report applies to
NAME	The full name of the debtor (Last Name, First Name)
SSN	The social security number of the debtor
INDIVIDUAL ID	The 10 character ID number of the debtor
REF ID	10 digit ID generated by the system upon creation of a referral.
PROGRAM CASE ID	Up to 9 characters. Identifies the Program Case ID associated with the claim
ERROR MESSAGE	The reason provided by TOP that the debtor is rejected for tax intercept.

2. FRD221-3: 60-DAY NOTICE REPORT

REPORT PURPOSE:

This report is used to show all Food Stamp claim debtors that were sent the 60-day notice. Five extra days are given for mailing purposes.

ACTION REQUIRED:

No action is required unless the debtor requests an appeal. The counties can use this report to calculate when the 65-day appeal period will end for the claim debtor. If the debtor requests an appeal during the notice period, the county should enter an R in the Federal Tax Appeal Indicator on the Debtor Detail Screen. For review purposes only.

REPORT SCHEDULE:

Runs on the first of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is only available in XPTR.

RETENTION PERIOD:

Three Years

FRD221-3 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
<u>OFFSET CYCLE NO.</u>	<u>The TOP cycle number (in century-year-week format) associated with the proposed certification.</u>
COUNTY NAME	<u>The name of the county the report applies to.</u>
NAME	The full name of the debtor and the address of the debtor (Last Name, Middle Initial)
<u>MULTI-COUNTY</u>	Indicates the debtor has claims in other counties and has been sent 60-day notices there also
PROGRAM	<u>Identifies the Program associated with the referral (always FS).</u>
SSN	<u>9 digit social security number for the debtor.</u>
INDIVIDUAL	<u>10 character number of the claim debtor.</u>
REFERRAL	10 digit ID generated by the system upon creation of a referral
CASE ID	Program Case ID Number associated with the debtor
CLAIM BALANCE	<u>The current balance due on the claim.</u>
DATE SENT	The date the 60 day notice is mailed to the claim debtor.

3. FRD222-2: CLAIMS CERTIFIED FOR TOP OFFSET

REPORT PURPOSE:

This report lists claim debtors for all programs that have been selected for TOP Offset.

ACTION REQUIRED:

No action required unless the select status has changed. If the status changes, reset the TOP Offset Indicator flag on the Debtor Detail Screen.

REPORT SCHEDULE:

Run on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD222-2 FIELD DESCRIPTIONS

<u>FIELD</u>	<u>DESCRIPTION</u>
<u>OFFSET CYCLE NO.</u>	<u>The TOP cycle number (in century-year-week format) associated with the certification.</u>
<u>COUNTY NAME</u>	<u>The name of the county the report applies to.</u>
<u>NAME</u>	<u>The full name of the casehead on the referral (Last Name, First Name, Middle Initial).</u>
<u>PROGRAM</u>	<u>Identifies the Program associated with the referral (always FS).</u>
<u>SSN</u>	<u>9 digit social security number for the debtor.</u>
<u>INDIVIDUAL ID</u>	<u>10 character number of the claim debtor.</u>
<u>AMOUNT</u>	<u>The current balance due on the claim.</u>
<u>DATE</u>	<u>Date the certification occurred.</u>

4. FRD406-2: CLAIMS SELECTED FOR TOP PRE-OFFSET ADDRESS REQUEST

REPORT PURPOSE:

This report shows all Food Stamp claim debtors that are selected for TOP Pre-Offset Address request.

ACTION REQUIRED:

No action is required unless the select status has changed. If the status changes while in Stage A, reset the Federal Tax Indicator flag on the Debtor Detail Screen should be set to the appropriate code: H, L, S, or X.

REPORT SCHEDULE:

Runs on the 2nd to the last Thursday of each month for the period February November.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD:

Three Years

FRD406-2 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	The social security number of the claim debtor
INDIVIDUAL	10 character number of the claim debtor
REFERRAL	10 digit ID generated by the system upon creation of a referral of the claim debtor
PROGRAM CASE ID	UP to 9 characters Identifies the Program Case ID associated with the claim
CLAIM CAT.	Code that specifies the type of claim
FED. TAX INT	Code that indicates the stage of the Federal Tax intercept of a claim debtor
FED TAX APPEAL	The federal tax appeal indicator code for a claim debtor
CLAIM EST. DATE	The date the claim is established
CLAIM BALANCE	The current claim balance owed

5. FRD406-3 CLAIMS EXEMPT FROM TOP PRE-OFFSET ADDRESS REQUEST

REPORT PURPOSE:

This report shows all Food Stamp claim debtors exempt from the TOP Pre-Offset Address request with Federal Tax Indicators of H, L, X, S or with Federal Tax Appeal Indicators of R or Y.

ACTION REQUIRED:

No action is required unless the exempt status has changed. If the status changes, reset the Federal Tax Indicator flag on the Debtor Detail Screen. Example-the Federal Tax Indicator flag is set to X because of bankruptcy: then debtor comes out of bankruptcy, set Fed Tax Indicator to a space.

REPORT SCHEDULE:

Runs on the 2nd to the last Thursday of each month for the period February November.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD:

Three Years

FRD406-3 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	The social security number of the claim debtor
INDIVIDUAL	10 character number of the claim debtor
REFERRAL	10 digit ID generated by the system upon creation of a referral of the claim debtor
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the claim
CLAIM CAT.	Code that specifies the type of claim
FED TAX INT	Code that indicates the stage of the Federal Tax intercept of a claim debtor
FED TAX APPEAL	The federal tax appeal indicator code for a claim debtor
CLAIM EST. DATE	The date the claim is established
CLAIM BALANCE	The current claim balance owed

6. FRD410: CLAIMS TRACKING AND EXCEPTIONS REPORT

REPORT PURPOSE:

This report shows Food stamp claims that have been overcollected (except for TOP and DOR).

ACTION REQUIRED:

For review purposes only.

REPORT SCHEDULE

Runs on the first of each month.

REPORT SECURITY LEVEL:

This report is viewable at the Owner county level.

REPORT DISTRIBUTION:

This report is mailed and is available in XPTR.

RETENTION PERIOD:

Three years

FRD410 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Three character code uniquely identifying the county and its name
PROGRAM	The code that identifies that Food Stamps Program (FS)
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the overcollection
COUNTY CASE NO	7 character county case number
INDIVIDUAL ID	10 character number of the debtor provided by CNDS
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
OVERCOLLECTION AMOUNT	8 digit number identifying the current overcollection amount on the claim

7. FRD 416: CONSOLIDATED REPORT OF PAYMENTS

REPORT PURPOSE:

This report shows Food Stamp monthly collections only. This report does not show TOP reversals and therefore should not be used for total Food Stamp collection amount (PLEASE USE THE FRD 441 FOR COLLECTION TOTALS) This report is used for the 209 report. The 209 Report is a federal report completed at the state level.

ACTION REQUIRED:

For review purposes

REPORT SCHEDULE:

Runs on a monthly basis

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD416 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Three character code uniquely identifying the county and its name
REFERRAL ID	10 digit ID generated by the system upon creation of a referral
COUNTY CASE ID	7 character county case number
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
CAT	Code that specifies the type of overpayment claim
DATE ESTAB	The date the claim was established
BEG CLAIM AMOUNT	8 digit number identifying the amount of overpayments of benefits
PAYMENT DATE	The date the payment was actually entered in the system
PAY TYPE	The payment method type
CURRENT PAYMENTS	The amount of the current payment
TOTAL ALL PAYMENTS	The sum total of all payments made on the claim
BALANCE	8 digit field that identifies the current claim balance

8. FRD 452: CLAIMS EXEMPT FROM TOP REPORT

REPORT PURPOSE:

This report shows Food Stamp claims that are exempt from TOP process.

ACTION REQUIRED:

Review for accuracy. If Federal Tax Intercept Indicator or the Federal Tax Appeal Indicator is incorrect, then investigator should make appropriate changes to the field(s).

REPORT SCHEDULE:

Runs on a monthly basis

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD452 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name of the county
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
PROGRAM	Code that identifies the overpayment program
SSN	The social security number of the claim debtor
INDIVIDUAL	10 character number of the claim debtor
REFERRAL	10 digit ID generated by the system upon creation of a referral of the claim debtor
REFERRAL STATUS	2 letter code indicating the current status of the referral
PROGRAM CASE ID	Up to 9 characters Identifies the Program case ID associated with the disqualification
FED. TAX INT	Code that indicates the stage of the Federal Tax intercept of a claim debtor
FED TAX APPEAL	The federal tax appeal indicator code for a claim debtor

9. FRD 505: QUARTERLY STATUS OF CLAIMS

REPORT PURPOSE:

This report shows the status of Food Stamp claims for a quarter.

ACTION REQUIRED:

For review and balancing purposes.

REPORT SCHEDULE:

Runs on a quarterly basis

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Administrative Value

FRD505 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Name of the county
FRAUD	Fraud misrepresentation (IPV)
NON-FRAUD	Household Error (IHE)
NON-FRAUD	Agency Error (AE)
TOTAL	Total dollar amount for collections (Line 7A thru Line 11)
LINE 1 BEGINNING BALANCE ACTIVE CLAIMS	This line is used to show the beginning balance and the total number of all active claims in the state/county for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. These figures are calculated by using the ending balance of the prior quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 2A TRANSFERS BETWEEN COUNTIES	This line is used to show the total dollar amount (Current Balance), at the time of the transfer, and the number of claims transferred between the counties for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This line should show the sum of Line 2Ai + 2Aii.
LINE 2Ai TRANSFER OUT	This line is used to show the total dollar amount (Current Balance), at the time of the transfer, and the number of claims transferred out of the counties for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 2Aii TRANSFER IN	This line is used to show the total dollar amount (Current Balance), at the time of the transfer, and the number of claims transferred into the counties for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 2B COMPROMISE	This line is used to show the total dollar amount of reduction and number of claims reduced by Compromise (judgment) for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. Only AJCA coded entries are included. AJUC coded entries are NOT included.

FIELD	DESCRIPTION
LINE 2C.1 AJCI	This line shows the dollar amount and the number of claims in which a Current Balance increase occurred.
LINE 2C.2 AJCD	This line shows the dollar amount and the number of claims in which a Current Balance decrease occurred.
LINE 2C.3 AJUC	This line shows the dollar amount and the number of claims in which an Uncompromise occurred.
LINE 2C.4 AJIT	This line shows the dollar amount and the number of claims that have been transferred into the state from another state. This is done by using the referral source code of OT.
LINE 2C.5 AJOT	This line shows the dollar amount and the number of claims transferred out of state. This can be done by changing the referral status from CO to OT.
LINE 2C.6 DELETED	This line shows the dollar amount (Current Balance) at the time of the delete and the number of deleted claims. All U and P claims that are deleted are included under the IHE column.
LINE 2C.7 AJUP	This is the dollar amount (Overpayment Amount) for all closed U and/or P claim.
LINE 2C.8 STATE OFFICE ADJUSTMENT	This line shows State Office Adjustments.
LINE 2D KEYING/ARITHMETIC ADJUSTMENT (2D INCLUDES 2C.1 THRU 2C.8)	This line is used to show the total dollar amount and number of corrections and adjustments made during the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. The number and/or dollar amount is derived from claims that have an AJCI, AJCD, AJUC, claims with a referral status of OT, U and P claims that are closed out , and deleted claims.
	<p>This is the total of Lines 2C.1 through 2C.8.</p> <p>Dollar Amount Formula: Line 2C.1 (AJCI) Line 2C.2 (AJCD) + Line 2C.3 (AJUC) + Line 2C.4 (AJIT) Line 2C.5 (AJOT) Line 2C.6 (Deleted) Line 2C.7 (AJUP)</p>

FIELD	DESCRIPTION
LINE 2D (CONT'D) KEYING/ARITHMETIC ADJUSTMENT (2D INCLUDES 2C.1 THRU 2C.8)	Number Formula: Line 2C.4 (AJIT) Line 2C.5 (AJOT) Line 2C.6 (Deleted)
	*Note: Line 2C.1 (AJCI), Line 2C.2 (AJCD), Line 2C.3 (AJUC) and Line 2C.7 (AJUP) do not increase/decrease the number of claims for a county unless the following happens.
	If the Current Balance for a claim is adjusted down (AJCD) to 0.00 and closes out OR a U or P claim is closed (AJUP)by the county, these claims will be included in the Number Amount on Line 17. This will prohibit double counting.
	An AJCI and AJUC will increase the Current Balance amount for a claim, but not increase the number of claims.
LINE 2E EXPUNGEMENTS	This line is used to show the number and total dollar amount of expungements (EX payment code) that have occurred during the given quarter.
LINE 3 SUBTOTAL	This line is used to show the subtotal dollar amount and number of all active claims for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar amount formula: Line 1 (Beg. Balance) + Line 2A (Transfers) Line 2B (Compromise) + Line 2D (Keying Adjustments) Line 2E Expungements
	Number formula: Line 1 (Beg. Balance) + Line 2A (Transfers) + Line 2D (Keying Adjustments)
	Note: Line 2B (Compromise) and Line 2E (Expungements) do not increase/decrease the number of claims for a county unless the following happens:

FIELD	DESCRIPTION
LINE 3 (CONT'D)	If a claim is compromised to 0.00 and closes out OR a claim is paid out by an expungement, these claims are included in the Number Amount on Line 17. This will prohibit double counting
LINE 4 NEW CLAIMS ESTABLISHED	This line is used to show the total dollar amount and number of new claims established for the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. U and P claim types appear in the IHE Non Fraud column. For U and P claims we look at the U/P Creation Date. The dollar amount is captured from the overpayment amount for all newly established claims. These entries are identified with an AJNE code.
LINE 5 TRANSFERS BETWEEN A, B, C BALANCES	This line is used to show all claims that have been transferred from one category to another. This includes court ordered and non-court ordered category changes within the same quarter or a subsequent quarter.
	*Note: A court order category change is a hearing or court determination claim for any U or P claim that has changed to another category <u>OR</u> any claim that is changed from one category to an IPV.
	A non-court ordered category change is defined as IPV changing to any other category; IHE to SIE/AE, and SIE/AE to IHE.
LINE 6 SUBTOTAL	This line is used to show the total dollar amount and number of claims transferred between categories, IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter. This number may reflect a positive or negative figure.
	Dollar Amount Formula: Line 3 (Active Claim Subtotal) + Line 4 (New Claims Established) + Line 5 (Category Transfers)

FIELD	DESCRIPTION
LINE 6 (CONT'D)	Number Formula: Line 3 (Active Claim Subtotal) + Line 4 (New Claims Established) + Line 5 (Category Transfers)
LINE 7A CHECK, CASH, M.O.	This line is used to show all voluntary payments made in the form of cash, check, or money order for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud made during the given quarter.
	Voluntary payments: C Cash (This code would also be used for check or money order) FSC Food Stamp Cash
LINE 7B TOP (PRE-OFFSET)	This line is used to show all voluntary payments made by the debtor during the 60-day notice period (Stage B) for the given quarter.
	This number is: All 'C' Payments that have occurred during the report quarter. The Claim Debtor related to the payment, if Federal Tax Intercept Notice date is prior to the payment, AND if the payment date is within 60 days of the notice date, this payment is considered a TOP Pre-Offset Payment.
	<i>These payments are included in Line 7a.</i>
7C TOP (INTERCEPT)	This line is used to show all TOP payments made for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.
	TOP payments: CT - TOP Payment Prior To June 1 T TOP Payment
LINE 7D DOR	This line is used to show all DOR payments made for each heading IPV Fraud and IHE Non-Fraud during the given quarter. AE/SIE Claims are not submitted for DOR.
	DOR payments: N DOR payment

FIELD	DESCRIPTION
LINE 7E TOTAL CASH COLLECTED	This line is used to show the total amount of cash collected for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.
	Dollar Amount Formula: Line 7a (Cash/Check/M.O.) + Line 7c (TOP Intercept) + Line 7d (DOR)
LINE 8 COUPONS	This line is used to show the total amount of coupons and EBT benefits collected for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter. S = Stamps EB = EBT
LINE 9 RECOUPMENTS	This line is used to show all recoupments taken during the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	R = Regular recoupments LR = Local recoupments
LINE 10 OFFSETS	This line is used to show all offset amounts made during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. O = Offset payments
LINE 11 TOTAL COLLECTED	This line is used to show the total dollar amount collected for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud during the given quarter.
	Dollar Amount Formula: Line 7e (Total Cash Collected) + Line 8 (Coupons) + Line 9 (Recoupments) + Line 10 (Offsets)

FIELD	DESCRIPTION
LINE 12 TERMINATED CLAIMS	This line is used to show all claims terminated during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This line shows the number of claims and dollar amounts. The dollar amount reflects the current balance at the time the claim was terminated. These entries are identified by an AJTE code.
LINE 13 NON-CASH ADJUSTMENTS	This line is used to reflect amendments or corrections, which need to be made because of changed or incorrect entries related to food stamps, EBT, recoupment, or offset collections from a previous quarterly report for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This includes reversals of a previous quarter S, EB, EX, R, LR, or O payments.
LINE 14 CASH ADJUSTMENTS	This line is used to reflect amendments or corrections, which need to be made because of changed or incorrect entries related to cash, check, or money orders collections from a previous quarterly report for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud. This includes reversals of previous quarter C, FSC, CT, N, or T payments.
LINE 15 TRANSFERS BETWEEN A, B, C COLLECTIONS	This line is used to show any collections that have been collected from one category in a quarter and changed to another category within the subsequent quarter. This number may reflect a positive or negative figure. This line is <u>not</u> to be included in any formulas. It is for information purposes only.
LINE 16 SUBTOTAL	This line is used to show the subtotal of all collections during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar Amount Formula: Line 11 (Total Collected) + Line 12 (Terminated Claims) + Line 13 (Non-Cash Adjustments) + Line 14 (Cash Adjustments)
	Number Formula: Line 12 (Terminated Claims)

FIELD	DESCRIPTION
LINE 16 (CONT'D)	*Note: Line 11 (Total Collected), Line 13 (Non-Cash Adjustments), and Line 14 (Cash Adjustments) only have dollar amounts and therefore are not included in the Number formula for Line 16, but they are included in the Dollar Amount formula for Line 16.
LINE 17 CLOSED CLAIMS	This line is used to show all claims closed during the given quarter for each heading, IPV Fraud, IHE Non-Fraud, AE Non-Fraud. Closed is defined as receiving payment in full or compromised amount down to zero only. Terminated claims are not included. The count for all U and P claims that are closed is included under the IHE column.
LINE 18 CLAIMS REACTIVATED	This line is used to show all claims that have been reactivated during the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
LINE 19 BALANCE FOR ACTIVE CLAIMS	This line is used to show the ending balance amount and number for active claims for a given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar Amount Formula: Line 3 (Active Claims Subtotal) + Line 4 (New Claims Est.) + Line 5 (Category Transfers) Line 16 (Subtotal of Collections) + Line 18 (Claims Reactivated)
	*Note: Line 17 (Closed Claims) is only a count and therefore is not included in the Dollar Amount formula for Line 19, but it is included in the Number formula for Line 19.
	Number Formula: Line 3 (Active Claims Subtotal) + Line 4 (New Claims Est.) + Line 5 (Category Transfers) Line 16 (Subtotal of Collections) line 17 (Closed Claims) + Line 18 (Claims Reactivated)

FIELD	DESCRIPTION
LINE 20 SUBTOTAL	This line is used to show the number and dollar amount of all active and terminated claims for the given quarter for each heading IPV Fraud, IHE Non-Fraud, AE Non-Fraud.
	Dollar Amount Formula: Line 19 (Balance for Active Claims) + Line 12 (Terminated Claims)
	Number Formula: Line 19 (Balance for Active Claims) + Line 12 (Terminated Claims)

G. REPORTS FOR FS/TANF

1. FRD 419: MONTHLY LISTING OF DISQUALIFIED RECIPIENTS RECORDS

REPORT PURPOSE:

This report is a cumulative list of all disqualified individuals in the county.

ACTION REQUIRED:

For review purposes only.

REPORT SCHEDULE:

Runs on a monthly basis (1st of each month).

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD419 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
COUNTY NBR	Three character code uniquely identifying the county
PRGM	Identifies the program the person has been disqualified from (FS or TANF)
NAME	The full name of the person being disqualified (Last Name, First Name)
SSN	9 digit Social Security Number of the person being disqualified
BIRTH DATE	The date the individual being disqualified was born (MM/DD/YYYY)
SEX	1 character code for the individual being disqualified (M or F)
DQ METHOD	1 character code identifying the method by which the disqualification was established.
DECISION DATE	The date (MM/DD/YYYY) the disqualification was decided
DQ NO.	The disqualification number of offense (1, 2 or 3)
START DATE	The date (MM/DD/YYYY) the disqualification will begin
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the disqualification
REFERRAL	10 digit ID generated by the system upon creation of a referral associated with the disqualification
ACT CODE	Code describing the last activity made to the Disqualification record (Add, Key, Change, Update, or Transfer)
ACT DATE	Date (MM/DD/YYYY) describing when the last activity to the Disqualification record was made

2. FRD 422: INVESTIGATOR'S MAINTENANCE REPORT – DISQUALIFICATION ENDING

REPORT PURPOSE:

This report reflects those disqualifications that end in the upcoming month.

ACTION REQUIRED:

Counties should review this report. Counties should use this report to remove the disqualification status on clients whose disqualification period ends during the report month and enter the correct status.

REPORT SCHEDULE:

Runs on a monthly basis (end of the month).

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR and is now 15 versions to the counties.

RETENTION PERIOD

Three Years

FRD422 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
DQ COUNTY	Three character code and name uniquely identifying the county
PROGRAM	Identifies the program the person has been disqualified from (FS or TANF)
NAME	The full name of the person being disqualified (Last Name, First Name)
SSN	9 digit Social Security Number of the person being disqualified
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the disqualification
DQ PERIOD	The length of time the disqualification will be implied
DQ END DATE	The date (MM/DD/YYYY) the disqualification will end

H. AFDC/TANF REPORTS

1. FRD 401: EIS RECOUPMENT ERROR REPORT

REPORT PURPOSE:

This report shows all TANF/AFDC recoupments collected that do not have matching claims in EPICS to which the funds can be applied. When a recoupment is greater than \$99.00, the recoupment will also show on this report.

ACTION REQUIRED:

Determine which EPICS claim for which the funds were deducted, and apply the amount in EPICS to the correct claim using the payment code LR . If recoupments were deducted in error, supplemental benefits should be issued to the debtor and the recoupment information should be removed from the EIS 8125 form.

REPORT SCHEDULE:

Runs by the 15th of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is mailed and is available in XPTR.

RETENTION PERIOD

Three years

FRD401 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
COUNTY CODE	Three character code identifying the county
SSN	9 digit social security number for the debtor
NAME	The full name of the debtor the error applies to (Last Name, First Name), Middle Initial)
CASE ID	Up to 9 characters Identifies the Program Case ID associated with the error
AMOUNT	The dollar amount that was recouped from the debtor s current benefit allotment
MESSAGE	Short description that describes why the recoupment could not be posted in EPICS
TOTAL	The sum of all recoupment error amounts for the county

2. FRD 418: AFDC/TANF CROP REPORT**REPORT PURPOSE:**

This report shows all AFDC/TANF County Responsible Overpayment claims.

ACTION REQUIRED:

Review for accuracy.

REPORT SCHEDULE:

Runs on a monthly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD418 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Number and name of the county
PROGRAM	Code that identifies the overpayment program
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the disqualification
COUNTY CASE NO.	7 character county case number
INVESTIGATOR ID	5 character ID of the investigator assigned to the claim
INDIVIDUAL ID	10 character number of the claim debtor
NAME	The full name of the claim debtor listed on the report (Last Name, First Name, Middle Initial)
OVERPAYMENT DATES	The dates the overpayment/overissuance occurred.
BEGINNING CLAIM BALANCE	The beginning dollar amount of the overpayment
CURRENT BALANCE	The current dollar amount owed on the overpayment
TOTAL FOR COUNTY	The total dollar amount for CROP claims

3. FRD 506: QUARTERLY REPORT OF OVERPAYMENTS IN AFDC AND TANF

REPORT PURPOSE:

This report shows the number of AFDC and TANF claims and the amount collected. It is divided into two sections: AFDC Claims with Overpayment Months prior to 1/1/97 and TANF Claims with Overpayment Months After 1/1/97. This report takes the place of the SSA-4972 report.

ACTION REQUIRED:

Review for accuracy. If there are discrepancies the appropriate State Office should be contacted.

REPORT SCHEDULE:

The report is scheduled to run in the first month of the quarter for the previous quarter.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD506 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name of the county
COUNTY CODE	Three character code identifying the county
CLAIMS WITH OVERPAYMENT MONTHS PRIOR TO 1/1/97 (AFDC)	Lists AFDC claims that have overpayments prior to 1/1/97
NUMBER OF CLAIMS EST	The total number of AFDC claims established (CO status)
DOLLAR AMOUNT OF CLAIMS EST	The current balance total for all AFDC claims established (CO)
TOTAL CLAIMS	The total number of AFDC claims existing for the county
RECOUPMENT COLLECTION AMOUNT	The total dollar amount of recoupments collected on AFDC claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on AFDC claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on AFDC claims
CLAIMS WITH OVERPAYMENT MONTHS AFTER 1/1/97 (TANF)	Lists TANF claims that have overpayments after 1/1/97
NUMBER OF CLAIMS EST	The total number of TANF claims established (CO status)
DOLLAR AMOUNT OF CLAIMS EST	The current balance total for all TANF claims established (CO)
TOTAL CLAIMS	The total number of TANF claims existing for the county
RECOUPMENT COLLECTION AMOUNT	The total dollar amount of recoupments collected on TANF claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on TANF claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on TANF claims

I. REPORTS FOR ALL PROGRAMS

1. FRD 104: COUNTY REFUND REPORT

REPORT PURPOSE:

This report shows overcollections on claims (with the exception of DOR and TOP). It includes potential payments from all programs to be refunded back to the client/debtor.

ACTION REQUIRED:

Review for accuracy and refund any amount over collected to the claim debtor. If the overcollection is due to recoupment, a supplement should be issued; if the overcollection is due to a cash payment, then a cash refund should be issued.

REPORT SCHEDULE:

Runs on a daily basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is mailed and is available in XPTR.

RETENTION PERIOD

Three Years

FRD104 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	The name of the county the report applies to
DEBTOR	The full name of the debtor the overcollection occurred on (Last, First, Middle Initial)
PROGRAM	Identifies the Program Type the debtor is due a refund in
CASE ID	Up to 9 characters Identifies the Program Case ID associated with the error
INDIVIDUAL ID OF DEBTOR	10 character number of the debtor
SSN	9 digit social security number for the debtor
DATE OF COLLECTION	The date in which the payment was made.
METHOD OF COLLECTION	The method by which the payment was received (Cash, recoupment, etc.)
RECOUPMENT COLLECTION AMOUNT	The total dollar amount of recoupments collected on AFDC claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on AFDC claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on AFDC claims
CLAIMS WITH OVERPAYMENT MONTHS AFTER 1/1/97 (TANF)	Lists TANF claims that have overpayments after 1/1/97
NUMBER OF CLAIMS EST	The total number of TANF claims established (CO status)
DOLLAR AMOUNT OF CLAIMS EST	The current balance total for all TANF claims established (CO)
TOTAL CLAIMS	The total number of TANF claims existing for the county
RECOUPMENT COLLECTION AMOUNT	The total amount of recoupments collected on TANF claims for the quarter
CASH COLLECTION AMOUNT	The total dollar amount of cash collected on TANF claims for the quarter
OUTSTANDING BALANCE	The total dollar amount owed on TANF claims

2. FRD 105: TOP AND DOR REFUND REPORT

REPORT PURPOSE:

This report shows all overcollections on claims for DOR and TOP and what is to be refunded back to the debtor. The DOR and TOP refunds will be made by the State Controller s Office.

ACTION REQUIRED:

Review for accuracy. If the overcollected amount should not be refunded the appropriate State Office should be contacted immediately. This may happen if a cash payment was posted incorrectly in the county.

REPORT SCHEDULE:

The report is scheduled to run on a daily basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report available in XPTR.

RETENTION PERIOD

Three Years

FRD105 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
DEBTOR NAME	The full name of the debtor the overcollection occurred on (Last, First, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
CASE ID	Up to 9 characters Identifies the Program Case ID associated with the overcollection
INDIVIDUAL ID OF DEBTOR	10 character number of the debtor
SSN	9 digit social security number for the debtor
DATE OF COLLECTION	The date the payment was actually entered in EPICS
METHOD OF COLLECTION	The method by which the payment was received
AMOUNT OF OVERCOLLECTION	The amount owed back to the debtor

3. FRD 106: NC DEBT EST RFD

REPORT PURPOSE:

This report shows all estimated overcollections on claims for DOR. The actual DOR refunds will be made by the State Controller s Office.

ACTION REQUIRED:

Review for accuracy. If the overcollected amount should not be refunded the appropriate State Office should be contacted immediately. This may happen if a cash payment was posted incorrectly in the county.

REPORT SCHEDULE:

The report is scheduled to run on a daily basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report available in XPTR.

RETENTION PERIOD

Three Years

FRD106 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
PROGRAM	The program associated with the overcollection
COUNTY NAME	The name of the county the report applies to
CLIENT	The full name of the debtor the overcollection occurred on (Last, First, Middle Initial)
INTEREST START DATE	The date interest began occurring on the money taken from the debtor
REFUND AMOUNT	The estimated amount to be refunded to the debtor
ESTIMATED INTEREST DUE	The estimated interest due back to the debtor
ESTIMATED TOTAL DUE	The estimated total amount the debtor will receive
COUNTY SUBTOTAL	The estimated amount (refund, interest, and total due) for the county

4. FRD 160: "O" APPEAL IND**REPORT PURPOSE:**

This report is to keep a history of all debtors who have had the NC Debt Setoff Appeal Indicator set to O . At the end of each date, the Os should be captured as shown on the report as that as of date.

ACTION REQUIRED:

Review this report for accuracy.

REPORT SCHEDULE:

Runs on a daily basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD160 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral
NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	9 digit social security number for the debtor
INDIVIDUAL ID	10 character number of the claim debtor
REF ID	10 digit ID generated by EPICS upon creation of a referral
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the referral
NC DEBT APPEAL INDICATOR	The value entered in the NC Debt Appeal Indicator field this value will always equal O .
CLAIM AMOUNT	The current balance of the claim
INTERCEPT AMOUNT	The amount that was intercepted from the debtor.

5. FRD 204: "UNASSIGNED CASES REPORT"

REPORT PURPOSE:

This report is a workload management tool for supervisors and managers to show all cases not yet assigned to an investigator.

ACTION REQUIRED:

Review this report and use it as a management tool for Supervisory and investigative staff.

REPORT SCHEDULE:

Runs on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD204 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Three character code uniquely identifying the county and its name
PROGRAM	Identifies the Program associated with the referral
REF ID	10 digit ID generated by EPICS upon creation of a referral.
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the referral
NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial)
DATE RECEIVED	Date the referral is keyed into EPICS
CASEWORKER NO.	A county assigned number of the caseworker assigned to the case
REFERRAL SOURCE	Code identifying the source of the overpayment/overissuance
REFERRAL TYPE	Code identifying the type of referral
NUMBER OF DAYS IN PENDING STATUS	The number of days that have elapsed before the claim reached CO status

6. FRD 206: OVERRIDE EXCEPTIONS REPORT

REPORT PURPOSE:

This report was created for the State Controller s Office. It is used by auditors to ensure that counties only use this override feature when they have sufficient documentation to substantiate the overpayment. This report is sorted by Program.

ACTION REQUIRED:

No action required. Used for Audit and Management purposes.

REPORT SCHEDULE:

Runs weekly on Tuesdays.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD206 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
PROGRAM	The program associated with the override
COUNTY	The name of the county the report applies to
CLIENT NAME	The full name of the casehead payee the referral applies to (Last Name, First Name, Middle Initial)
CASE ID	Up to 9 characters Identifies the Program Case ID associated with the referral
OVERPAYMENT PERIOD	10 character date identifying the begin and ending dates of the overpayment (MM/DD/YYYY)
CLAIM AMOUNT	The current balance due on the claim
OPERATOR ID	RACF ID of the person implementing the override
DATE OVERRIDDEN	10-character date the override took place (MM/DD/YYYY)

7. FRD 213: CLAIMS SELECTED FOR NC DEBT SETOFF**REPORT PURPOSE:**

This report list claim debtors for all programs that have been selected for NC Debt Setoff.

ACTION REQUIRED:

No action required unless the select status has changed. If the status changes, reset the NC Debt Setoff Indicator flag on the Debtor Detail Screen.

REPORT SCHEDULE:

Run on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD213 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral
NAME	The full name of the casehead on the referral (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	9 digit social security number for the debtor
INDIVIDUAL ID	10 character number of the claim debtor
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral.
PGM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the referral
CLAIM BALANCE	The current balance due on the claim
CLAIM CATEGORY	Up to 3 characters code that specifies the type of claim
STATUS	2 letter code indicating the current status of the referral

8. FRD 214: DOR DUPLICATE SSN

REPORT PURPOSE:

This report identifies those individuals in EPICS that contain duplicate social security numbers (SSN) or duplicate SSN and multiple individual ID numbers. If there are duplicate SSN s and multiple individual ID numbers present in EPICS, the individual is not selected for Debt Setoff (DOR).

ACTION REQUIRED:

Before any correction/removal of an SSN or change of individual ID number, coordination must be made with the EIS and/or FSIS worker.

To correct the SSN, use the name change function in EIS or FSIS. CNDS is updated immediately with the correction.

To correct multiple ID numbers, the DSS-8128 process may be used if all conditions in EIS are met. Contact the EIS worker to determine if the 8128 process can be used. The individual ID number that is present in EIS is the number that should be retained.

If the 8128 process cannot be used, contact the DSS Automation Section.

REPORT SCHEDULE:

Runs on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in NCXPTR only under the name
DHRFRD FRD214 DOR DUPLICATE SSN .

RETENTION PERIOD:

Three years

FRD214 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name of the county the report applies to
INVESTIGATOR ID	The 5 character ID of the investigator assigned to the claim
CLIENT NAME	Debtor Name
SSN	The social security number(s) of the debtor
INDIVIDUAL ID	The individual ID number(s) of the debtor
PROGRAM	The program associated with the referral/claim
MULTI COUNTY	A Y is displayed if the debtor has affected claims in multiple counties
CLAIM TYPE	The claim type associated with the claim
REFERRAL STATUS	The status of the referral/claim
CLAIM BALANCE	This is the claim balance for the claim not submitted to DOR. This includes those claims with a status of CL
SENT TO DOR?	A Y is displayed when there is only one individual ID number present in EPICS with a duplicate SSN and the debtor was submitted to DOR.
COUNTY TOTAL PAGE	A total for the county by program of the possible interception amount if the debtor could have been sent to DOR or the status is CL
STATE ROLL-UP PAGE	A total of all counties by program of the possible interception amount if the debtor could have been selected and sent to DOR or the status is CL. State Level Access Only

9. FRD 240: ZERO SSN REPORT

REPORT PURPOSE:

This report is used to show all debtors that have an SSN of all zeros (000-00-0000).

ACTION REQUIRED:

Debtors SSNs that can be corrected via other legacy systems should be accomplished. Debtors who maintain an all zero SSN can not be processed for TOP or DOR.

REPORT SCHEDULE:

Runs on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD240 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name identifying the county
PERSON	The full name of the client (Last Name, First Name, Middle Initial) and their Individual ID.
REFERRAL	10 digit ID generated by EPICS upon the creation of a referral and the status of the referral
CLAIM	The Program type of the claim (IHE, IPV, SIE, AE), the date the claim was established and the current balance of the claim.
FED TAX INFO	The current stage for TOP Processing and the date it began.
NC TAX INFO	The current stage for DOR Processing and the date it began.
PERSON LAST UPDATED	The RACF ID of the person who last changed the person information in CNDS, date the change was made, and the program that made the change.

10. FRD 407: DATE OF DISCOVERY TIMELINESS REFERRAL REPORT FOR THE REPORT MONTH OF (MONTH CCYY)

REPORT PURPOSE:

This is a statistical report. Referrals are identified based on the Date of Discovery and that date being the 7th month prior to the run date of the report.

ACTION REQUIRED:

Statistics

REPORT SCHEDULE:

The report runs the last workday of each month.

REPORT SECURITY LEVEL:

The report is county specific.

REPORT DISTRIBUTION:

The report is available in NCXPTR only under the name:
DHRFRD FRD407 TIMELINESS RPT

RETENTION PERIOD:

Three years

FRD407 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Name of the county the report applies to
NUMBER OF REFERRALS FOR REPORT MONTH	This is the total number of referrals/claims in UN, AC, PE, IN, CL, CO, TE, and OT status that have not been deleted and contains a Date of Discovery in the report month
NUMBER OF TIMELY REFERRALS	This is the timely U/P Claims, Established Claims, and Unsubstantiated Claims for the report month

FIELD	DESCRIPTION
NUMBER OF TIMELY REFERRALS (CONT'D)	U/P Claims This is the number of referrals/claims in the report month with a Claim Category of U or P, a Creation Date is present, the status is UN, AC, PE, IN, or CO, no Establishment Date is present, and the U/P Creation Date is six (6) months or less from the Date of Discovery
	Established Claims This is the number of claims in the report month with a Claim Category of IPV, IHE, AE, or SIE, the status is CO, CL, TE, or OT, and the Establishment Date is six (6) months or less from the Date of Discovery.
	Unsubstantiated Claims This is the number of claims in the report month with a Claim Category of S, US, U, or P, the status is CL or TE, and the Establishment Date is six (6) months or less from the Date of Discovery
	Total Timely This is the total number of timely U/P Claims, Established Claims, and Unsubstantiated Claims.
	Percentage Completed This is the percentage of Timely Referrals/Claims completed for the report month. The Total Timely is divided by the NUMBER OF REFERRALS FOR REPORT MONTH
NUMBER OF UNTIMELY REFERRALS	This is the total number of untimely Pending Referrals, U/P Claims, Established Claims, and Unsubstantiated Claims.
	Pending Referrals This is the number of referrals in the report month with a status of UN, AC, PE, or IN, and there is no U/P Creation Date present.

FIELD	DESCRIPTION
NUMBER OF UNTIMELY REFERRALS (CONT'D)	U/P Claims This is the number of referrals/claims in the report month with a Claim Category of U or P, a Creation Date is present, the status is UN, AC, PE, IN, or CO, no Establishment Date is present, and the U/P Creation Date is greater than six (6) months from the Date of Discovery
	Established Claims This is the number of claims in the report month with a Claim Category of IPV, IHE, AE, or SIE, the status is CO, CL, TE, or OT, and the Establishment Date is greater than six (6) months from the Date of Discovery
	Unsubstantiated Claims This is the number of claims in the report month with a Claim Category of S, US, U, or P, the status is CL or TE, and the Establishment Date or Closed Date is greater than six (6) months from the Date of Discovery
	Total Untimely This is the total of untimely Pending Referrals, U/P Claims, Established Claims, and Unsubstantiated Claims
	Percentage Completed This is the percentage of untimely referrals/claims completed for the report month. The TOTAL UNTIMELY number is divided by NUMBER OF REFERRALS FOR REPORT MONTH

11. FRD408: REFERRALS/CLAIMS ESTABLISHMENT AND BACKLOG REPORT FOR MONTH CCYY

REPORT PURPOSE:

This report is used to display statistics of Referrals created with a Date of Discovery in the report month and statistics of Referrals Pending, Established, U/P Claims, Unsub/Closed Claims, and Deleted Referrals in the report month.

ACTION REQUIRED:

No action required. Statistical report.

REPORT SCHEDULE:

Runs the end of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR. Two hardcopies of the report are created and provided to the Division of Medical Assistance and the Division of Social Services.

RETENTION PERIOD

Three Years.

FRD408 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	COUNTY NAME
REFERRALS CREATED	NUMBER OF REFERRALS CREATED WITH A DATE OF DISCOVERY IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF
PENDING REFERRALS	NUMBER AND PERCENTAGE OF PENDING REFERRALS AS OF THE LAST DAY OF THE REPORT MONTH
ESTABLISHED CLAIMS	NUMBER AND PERCENTAGE OF ESTABLISHED CLAIMS IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF
DOLLAR AMT OF EST CLAIMS	TOTAL DOLLAR AMOUNT OF ALL ESTABLISHED CLAIMS IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF
U/P CLAIMS	NUMBER AND PERCENTAGE OF U/P CLAIMS IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF
DOLLAR AMT OF U/P CLAIMS	TOTAL DOLLAR AMOUNT OF ALL U/P CLAIMS IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF
UNSUB/CLOSED CLAIMS	NUMBER AND PERCENTAGE OF UNSUB/CLOSED CLAIMS IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF
DELETED REFERRALS	NUMBER AND PERCENTAGE OF DELETED REFERRALS IN THE REPORT MONTH
TOTAL	TOTAL NUMBER AND PERCENTAGE OF PENDING, ESTABLISHED CLAIMS, U/P CLAIMS, UNSUB/CLOSED CLAIMS, AND DELETED REFERRALS IN THE REPORT MONTH FOR AFDC, FOOD STAMPS, MEDICAID, TANF

12. FRD 420: CASELOAD DETAILS BY INVESTIGATOR ID/COUNTY CODE

REPORT PURPOSE:

This report is used to show all referrals assigned to an investigator. It shows all referrals in Pending (PE), Accepted (AC), Investigation (IN), Collections (CO), and Terminated (TE) status.

Within this report is an Investigator and County Roll-Up Page of Pending Referrals. It displays the number of referrals still pending in each program: AFDC, FS, Medicaid, and TANF. Also, a State Roll-Up Page displaying referrals still pending and the number established in each program: AFDC, FOOD STAMPS, MEDICAID, and TANF.

ACTION REQUIRED:

A management tool for supervisory and investigative staff.

REPORT SCHEDULE:

Runs on the first of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD420 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Three character code identifying the county
INVESTIGATOR	ID that corresponds to the investigator assigned to the referral.
REFERRAL ID	10 digit ID generated by EPICS upon the creation of a referral
REFERRAL STATUS	2 character code identifying the current status of the referral
PROGRAM	Identifies the Program associated with the referral
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the referral

FIELD	DESCRIPTION
CLIENT NAME	The full name of the client (Last Name, First Name, Middle Initial)
DATE OF DISCOVERY	This is the Date of Discovery that is displayed on the Referral Detail 1 screen
ASSIGNMENT DATE	10 character date (MM/DD/YYYY) the referral was assigned to the investigator
TYPE	1 character code identifying the type of referral
ESTABLISHED DATE	10 character date in which the claim was created in EPICS (system generated date)
DAYS IN PENDING STATUS	<p>For those claims in CO and OT status, this is the number of days that pended from the Date of Discovery to the Establishment Date. Day one is the day after the Date of Discovery with the Establishment Date being the last day included.</p> <p>For those claims in AC , PE , and IN , this is the number of days that pended from the Date of Discovery to the Run Date of the report. Day one is the day after the Date of Discovery with the Run Date being the last day included.</p>
BEGINNING BALANCE	The beginning overpayment amount due on the claim.
AMOUNT DUE	Current balance due on the claim

13. FRD 421: CASELOAD STATISTICS INVESTIGATOR ID

REPORT PURPOSE:

This report shows the monthly summary caseload information sorted by the investigator ID.

ACTION REQUIRED:

Used as a management tool for Supervisory and Investigative staff.

REPORT SCHEDULE:

This report is scheduled to run on the first of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD421 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY CODE	Three character code identifying the county
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral.
NO. ASSIGNED CASES	The total number of referrals assigned (PE status) to the investigator during the month
NO. ACCEPTED CASES	The total number of referrals accepted (AC status) by the investigator during the month
NO. CASES UNDER INVESTIGATION	The total number of referrals under investigation (In status) by the investigator during the month
NO. CASES COMPLETED	The total number of referrals completed by the investigator during the month
NO. CASES IN COLLECTION	The total number of claims in collections (CO status) by the investigator during the month
TOTAL AMOUNT COLLECTED	The total dollar amount of funds collected by the investigator/collector for the month

14. FRD 425: INVESTIGATOR'S MAINTENANCE REPORT - DELINQUENCY

REPORT PURPOSE:

This report shows all claim debtors that are delinquent. Delinquency is defined, as a payment that has not been made within the last 60 calendar days. NOTE: AE and SIE errors are included in the Claim category A .

ACTION REQUIRED:

Use this report to send additional demand letters to delinquent claim debtors.

REPORT SCHEDULE:

Runs on the first of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is mailed and available in XPTR.

RETENTION PERIOD

Three Years

FRD425 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY	Three character code identifying the county
INVESTIGATOR ID	ID that corresponds to the investigator assigned to the referral
REFERRAL ID	10 digit ID generated by EPICS upon the creation of a referral
PROGRAM	Identifies the Program associated with the referral
CLAIM CAT	Up to 3 characters code that specifies the type of claim
DATE EST	Date the claim was established (CO status)
BEGINNING CLAIM AMT.	The original amount of the overpayment /over-issuance
LAST PMT DATE	The last date a payment was made
LAST PMT TYPE	Identifies the last type of payment made on the claim
LAST PMT AMT	The amount of the payment made that will be applied to the balance
TOTAL ALL PMTS	Total dollar amount of all payments made on the claim
BALANCE	Total dollar amount that is outstanding on the claim
NAME	The full name of the debtor owing the money (Last Name, First Name, Middle Initial)
ADDRESS	The complete address where the debtor currently resides.

15. FRD 428. FRD 428Q AND FRD428Y: COUNTY COLLECTION REPORT

REPORT PURPOSE:

FRD428M: This report shows monthly collection and incentive amounts

FRD428Q: This report shows quarterly collection and incentive amounts

FRD428Y: This report shows yearly collection and incentive amounts

ACTION REQUIRED:

Review for accuracy.

REPORT SCHEDULE:

This report is scheduled to run on the first of the month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD428 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
AFDC PROGRAM RECOUPMENTS	The gross, adjusted and net amount of recoupments collected on AFDC claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CASH	The gross, adjusted and net amount of cash collected for AFDC claims for the month. Also shows the incentive amount for the month, quarter and year.
DOR	The gross, adjusted and net amount collected from NC Debt Setoff for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CROPS	The gross, adjusted and net amount for AFDC CROPS collected from the county for the month, quarter and year.
TOTALS	The total dollar amount of funds collected for AFDC claims for the month, quarter and year.
TANF PROGRAM RECOUPMENTS	The gross, adjusted and net amount of recoupments collected on TANF claims for the month, quarter and year. Also shows the incentive amount for the month.
CASH	The gross, adjusted and net amount of cash collected for TANF claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
DOR	The gross, adjusted and net amount collected from NC Debt Setoff for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CROPS	The gross, adjusted and net amount for AFDC CROPS collected from the county for the month, quarter and year.
TOTALS	The total dollar amount of funds collected for TANF claims for the month quarter and year.
FOOD STAMP REVERSALS RECOUPMENTS	The gross, adjusted and net amount of recoupments collected on Food Stamp IPV, IHE and AE claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
CASH	The gross, adjusted and net amount of cash collected for Food Stamp claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.

FIELD	DESCRIPTION
DOR	The gross, adjusted and net amount collected from NC Debt Setoff for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
TOP OFFSET	The gross, adjusted and net amount collected from TOP OFFSET for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
FOOD STAMP COUPONS	The gross, net adjusted and net amount of Food Stamp Coupons collected for Food Stamp claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
OFFSET	The gross, adjusted and net amount of Food Stamp offsets collected for Food Stamp claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
EBT DEBITS	The gross, adjusted and net amount of Food Stamp EBT Debits collected for Food Stamp claims for the month, quarter and year. Also shows the incentive amount for the month, quarter and year.
FOOD STAMP REVERSALS RECOUPMENTS	The gross, adjusted and net amount of recoupments reversals on Food Stamp IPV, IHE and AE claims for the month, quarter and year. Also shows the reversal incentive amount for the month, quarter and year.
TOTALS	The total dollar amount of funds collected and reversed for Food Stamp claims for the month, quarter and year.

16. FRD 429. NC DEBT EXEMPT

REPORT PURPOSE:

This report is used to show all claim debtors that were exempt from DOR.

ACTION REQUIRED:

When the exemption code is no longer applicable, the county must change it. The county can only enter codes H, L, or S. State staff must enter the X code.

REPORT SCHEDULE:

Runs on a weekly basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is only available in XPTR.

RETENTION PERIOD
Three Years

FRD429 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Three character code identifying the county
INVESTIGATOR	ID that corresponds to the investigator assigned to the referral.
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
SSN	The social security number of the debtor.
INDIVIDUAL ID	The 10 character number associated with the debtor
REFERRAL ID	10 digit ID generated by EPICS upon the creation of a referral
PGM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the claim
NC DEBT SETOFF	The code entered in for exemption
NC TAX APPEAL	If applicable, the code used for appealing the intercept.

17. FRD 431. NC DEBT SETOFF 30 DAY NOTICE REPORT

REPORT PURPOSE:

This report is used to show all claim debtors that were sent the 30-day notice. Five extra days are given for mailing purposes.

ACTION REQUIRED:

No action is required unless the debtor requests an appeal. If an appeal is requested within the notice period, the county should put in an R in the appeal indicator. The counties can use this report to calculate when the 35-day appeal period will end for the claim debtor for review purposes.

REPORT SCHEDULE:

Runs bi-weekly.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is only available in XPTR.

RETENTION PERIOD

Three Years

FRD431 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	Name identifying the county
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
NOTICE BALANCE	The balance owed on the claim by the debtor at the time the notice is created
AMOUNT INTERCEPTED	The amount intercepted from NC Debt Setoff
MULTICOUNTY	Indicates the debtor has claims in other counties and has been sent 30-day notices there also.
ADDRESS USED FOR 30 DAY	The address used on the 30 day notice for the claim debtor
SSN	The social security number of the debtor
INDIVIDUAL ID	The 10 character number associated with the debtor

18. FRD 433. LETTER OF OVERISSUANCE REPORT

REPORT PURPOSE:

This report is used to show all debtors who have been sent a Letter of Overissuance (LOI) from a newly established claim. This report may be used to track when recoupments will begin on active claim debtors when all selection criteria are met, as well as other purposes as defined in this manual.

ACTION REQUIRED:

Counties should review this report. Counties may also use this report to determine when the appeal period expires.

REPORT SCHEDULE:

Runs on a daily basis.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD433 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY CODE	Three character code identifying the county
COUNTY NAME	The name of the county the report applies to
SSN	9 digit social security number for the debtor
NAME	The full name of the debtor (Last Name, First Name, Middle Initial)
PROGRAM	Identifies the Program associated with the referral
CLAIM OVERPAYMENT AMOUNT	The overpayment amount due on the claim at the time of establishment.
PRGM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the claim
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral
DATE SENT	The date the letter is sent to the claim debtor or to the county
FINAL HEARING	The date the appeal process expires

19. FRD 441. COLLECTIONS REPORT**REPORT PURPOSE:**

This report is used to show all payments received on referrals for the county. The report identifies total dollars received by program and a grand total for all programs.

ACTION REQUIRED:

Review this report for accuracy. Contact appropriate State staff if there are discrepancies.

REPORT SCHEDULE:

Runs on a monthly basis around the 5th calendar day of each month.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD441 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
REFERRAL ID	10 digit ID generated by EPICS upon creation of a referral
PROGRAM	Code that identifies the benefits program to which the payment applies
PAY RECEIPT	The receipt number for the payment entered in EPICS (this is a system generated number)
NAME	The full name of the debtor making the payment (Last Name, First Name, Middle Initial)
CLAIM CATEGORY	Up to 3 characters code that specifies the type of claim
DATE ENTERED	The date the payment was actually created in EPICS (Note: This date may be different from the Date Received field in EPICS)
PAY RCV DATE	Date the county enters as being received defaults to current date unless changed.
PAY TYPE	The method of collection for the payment made
PAY AMOUNT	The amount of the payment made that is applied to the balance.
CLAIM BALANCE	The current balance on the claim (after all payments have been subtracted)
TOTAL (BY PROGRAM)	The total amount of dollars received for the specified program
COUNTY TOTAL	The grand total of payments made for all programs

20. FRD 501. LIST OF ACTIVE CLAIMS

REPORT PURPOSE:

This report shows all active claims in the county.

ACTION REQUIRED:

Review for accuracy.

REPORT SCHEDULE:

Runs quarterly on the first of the month in a quarter.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD501 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY CODE	Three character code identifying the county and its name
PROGRAM	Identifies the Program associated with the referral
CASEHEAD NAME	The full name of the case head listed on the referral (Last Name, First Name, Middle Initial)
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the claim
REF ID	10 digit ID generated by the system upon creation of a referral
CLAIM EST DATE	The date the claim was established (CO status)
ORIGINAL BALANCE	8 digit number identifying the amount of overpayment/overissuance
QTR BEG BALANCE	Current balance of the claim at the beginning of the quarter
PAYMENTS	The total dollar amount of payments that have been applied to the claim
REFUND	The amount that was overcollected on the claim
CURRENT BALANCE	The current balance due on the claim
CAT	Up to 3 characters code that specifies the type of claim

21. FRD 503. CLAIMS BY SOURCE CODE

REPORT PURPOSE:

This report shows the total claims by source code for all IPV, IHE, and AE claims.

ACTION REQUIRED:

Evaluate the report data to determine trends in referral sources. Use the information to review problem areas in order to prevent errors and referrals.

REPORT SCHEDULE:

Runs quarterly on the first of the month of a quarter.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is available in XPTR.

RETENTION PERIOD

Three Years

FRD503 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
SRC	Code representing the source of the error
IPV NUMBER	The total number of IPV claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date
IPV AMOUNT	The total dollar amount of IPV claims entered for the quarter sorted by source code
IPV COLLECTION	The total dollar amount collected on IPV claims entered for the quarter sorted by source code
IHE NUMBER	The total number of IHE claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date.
IHE AMOUNT	The total dollar amount of IHE claims entered for the quarter sorted by source code
IHE COLLECTION	The total dollar amount collected on IHE claims entered for the quarter sorted by source code
AE - NUMBER	The total number of AE claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date.
AE AMOUNT	The total dollar overpayment amount of AE claims entered for the quarter sorted by source code
AE COLLECTION	The total dollar amount collected on AE claims entered for the quarter sorted by source code
TOTAL BY SOURCE NUMBER	The total number of claims entered for the quarter sorted by source code. Claims determined for the quarter are by the Referral Date.
TOTAL BY SOURCE AMOUNT	The total dollar overpayment amount of claims entered for the quarter sorted by source code
TOTAL BY SOURCE - COLLECTION	The total dollar amount collected on claims entered for the quarter sorted by source code

22. FRD 509. CASES CLOSED TERMINATED TRANSFERRED AND DELETED (QUARTERLY)

REPORT PURPOSE:

This report shows all Food Stamps, AFDC/TANF and Medicaid claims that have been closed (paid in full), terminated (closed with a balance), transferred, or deleted within the quarter. It is used by the 209 report. The 209 Report is a federal report completed at the state level.

The report is sorted by county, program (AFDC, FOOD STAMPS, MEDICAID, TANF), and in alphabetical order by client last name.

There is a County Summary page that summarizes the data for the county which includes the number for each closed, terminated, transferred, and deleted referral/claim during the quarter and the dollar amount.

There is a two part State Roll-Up page that displays the number for all counties and the total dollar amount for all counties.

ACTION REQUIRED:

For review purposes check the entries on this report against other records kept in the office. Look for cases transferred in that are still on the unassigned cases report and assign. Confirm that deletion requests pending have been processed.

REPORT SCHEDULE:

This report is scheduled to run on the first of the month of the quarter for the previous quarter.

REPORT SECURITY LEVEL:

This report is viewable at the owner county level.

REPORT DISTRIBUTION:

This report is mailed and is available in NCXPTR.

RETENTION PERIOD

Three Years

FRD509 FIELD DESCRIPTIONS

FIELD	DESCRIPTION
COUNTY NAME	The name of the county the report applies to
COUNTY CODE	Three character code identifying the county
CLIENT NAME	The full name of the case head payee (Last Name, First Name, Middle Initial)
INVESTIGATOR ID	5 character ID that corresponds to the investigator assigned to the claim
PROGRAM CASE ID	Up to 9 characters Identifies the Program Case ID associated with the referral
REFERRAL ID	10 digit ID generated by the system upon creation of a referral
BALANCE	The balance at the time report is created
CATEGORY	Code that specifies the type of overpayment claim
DATE OF DISCOVERY	This is the Date of Discovery from the referral
ESTABLISHED DATE	This is the date the claim was established.

FIELD	DESCRIPTION
DAYS PENDING	<p>If the category is S, U, P, or US and closed or deleted, the Days Pending is the number of days from the Date of Discovery to the date that the referral was closed or deleted. Day one is the day after the Date of Discovery with the closed or deleted date being the last day included.</p> <p>If the category is AE (includes SIE), IPV, or IHE and closed, deleted, terminated, transferred in, or transferred out, the Days Pending is the number of days from the Date of Discovery to the Establishment Date. Day one is the day after the Date of Discovery with the Establishment Date being the last day included.</p>
STATUS	2 letter code indicating the current status of the referral
ACTION	This identifies if the referral is closed, terminated, a transfer in, a transfer out, or deleted.